

**“I Just Hope this isn't the End”: An Interpretative  
Phenomenological Analysis of Unemployment  
in University Graduates with Common  
Mental Health Issues**

**Thesis submitted in accordance with the requirements  
of the University of Liverpool for the degree of Doctor  
in Philosophy by Christopher Jack Cockshott**

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## **Declaration**

This thesis is the result of my own work. It has not been presented, nor is currently being presented, either wholly, or in part, for any other degree or qualification; and that to the best of my knowledge and belief, it does not contain any material previously published or written by another person, except where due reference is made in the text.

## **Dedication**

This thesis is dedicated to the memory of my father, who epitomised the virtues of integrity, prudence and responsibility.

## Acknowledgements

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## **Abstract**

The purpose of this thesis is to conduct an exploratory investigation into what it is like to be an unemployed university graduate with common mental health issues (i.e., depression and anxiety) from a qualitative and phenomenological perspective using Interpretative Phenomenological Analysis. Semi-structured interviews with 12 Bachelor's degree graduates in their twenties, who have common mental health issues and have been unemployed between five and 24 months, led to the development of the three master themes of Fall from Grace, Vulnerability and Angst. These findings are explored using a range of theoretical perspectives to demonstrate the devastating impact that unemployment has on these graduates. It constitutes a developmental-existential life-crisis where they are unable to complete their rite of passage into social adulthood, leaving them vulnerable to becoming entrenched in their mental health-related difficulties and less able to overcome their unemployment. The practical implications of this work and suggestions for further research are also discussed.

# Thesis Structure

The chapters of this thesis have been organised into four main parts, comprising Introduction, Method, Findings and Discussion. I provide an overview of the structure to these below.

## A. Part One: Introduction

In Part One, I provide an introduction to the subject matter of this thesis and carry out a review of the relevant literature. I start in **Chapter One** by providing a **Phenomenological Prologue**, where I describe the background development of my research, outline my aims, objectives and methodological approach, before going on to introduce the two main concepts of unemployment and common mental health issues. I define both of these terms, as well as outline the nature and prevalence of these issues.

In the next two chapters, I present separate narrative reviews of the main quantitative (**Chapter Two**) and qualitative (**Chapter Three**) research evidence relating to what is known of the association between unemployment and mental health, especially in relation to university graduates. This process has been systematically carried out using clearly defined and transparent steps to enhance the quality of my research by demonstrating my commitment to rigorous and reflective practice.

## B. Part Two: Method

The second part of this thesis focuses on my methodology, method and data-analysis process. In **Chapter Four** I consider my methodological approach by discussing the theoretical background and objectives of IPA, its epistemological issues, and my rationale for adopting a qualitative and phenomenological approach using IPA. **Chapter Five** focuses on my method and data-analysis. I start by describing the key decisions that I have made relating to the design of my research and the rationale behind these. This includes a consideration of the formulation of the research question, participant and sampling issues, the development of the topic guide and my

approach to the data-collection process. This lays the foundation for the second section of the chapter, where I go on to provide a step-by-step account of how participants' data were analysed and the techniques that I have used to produce my findings.

### **C. Part Three: Findings**

In Part Three, I present the findings from my analysis of the accounts of all 12 participants. These comprise of three overarching master themes, which represent an abstract rendering of the most important and salient aspects of the experience of being unemployed with mental health issues for the group as a whole. I present these findings in the form of three chapters, with each chapter dedicated to each one of the three master themes, as follows: **Chapter Six**: Fall from Grace; **Chapter Seven**: Vulnerability; **Chapter Eight**: Angst.

### **D. Part Four: Discussion**

In the fourth and final part of this thesis, I discuss my findings by situating these within the relevant academic literature, before going on to consider the value of my work as a whole. I start in **Chapter Nine** by exploring my findings in relation to a range of relevant theory and research, before I consider the practical implications of my work and offer some recommendations for further research. In **Chapter Ten**, I reflect on the research process that I have undertaken and appraise the value of my work in the form of a critical assessment of the quality and validity of my research. To do this, I make use of two sets of evaluative guidelines to structure my assessment, which permit the strengths and limitations of my research to be clearly set out in a systematic and transparent manner. Finally, I draw some conclusions from my work and reflect on my research journey in a **Phenomenological Epilogue**.



## PART ONE: INTRODUCTION

In this first part, I provide an introduction to the subject matter of this thesis and review the relevant literature. I start in **Chapter One** by providing a **Phenomenological Prologue**, where I describe the background development of my research, outline my aims, objectives and methodological approach, before going on to introduce the two main concepts of unemployment and common mental health issues. I define both of these terms, as well as outline the nature and prevalence of these issues.

In the next two chapters, I go on to consider the broader context in which this thesis is set by considering the nature of the relationship between unemployment and mental health. I present separate narrative reviews of the main quantitative (**Chapter Two**) and qualitative (**Chapter Three**) research evidence relating to what is known of the association between unemployment and mental health, especially in relation to university graduates.

I specifically focus on empirical studies that have provided descriptive accounts of the nature of this relationship, rather than conceptual or theoretical explanations for the observed effects between these phenomena. My commitment to prioritising the phenomenon of what it is like to be an unemployed university graduate with mental health issues – represented by participants' experience – precluded a more theoretically-driven examination of the literature at this stage, which would have prejudiced the data-collection and data-analysis processes to come.

I decided that a full systematic review was unnecessary for my purposes, as my aim was to present an overview of the work in this area by juxtaposing and summarising the main research findings and themes. A full systematic review, by contrast, should aim to answer a clearly specified question (Denyer & Tranfield, 2009), and may use a meta-synthesis or meta-analysis, which both seek to develop a higher-order understanding by synthesising the findings of individual studies (Downe, 2008). Nevertheless, my review of the literature was carried out in a systematic manner, using clearly defined and transparent steps to enhance the rigour and quality of my research.

# **1. Chapter One: A Phenomenological Prologue**

## **1.1. Thesis Background and Rationale**

Once students graduate and leave university there is a general expectation that they will find suitable employment. Unfortunately, significant numbers of graduates do not simply 'walk' straight into their preferred jobs and careers; many are forced into taking on roles outside of their intended career plans or they experience under-employment, perhaps undertaking some form of part-time or voluntary work. Some choose to continue their studies or attempt self-employment, and it is also not uncommon for graduates to endure intermittent and lengthy bouts of unemployment. However, there are some graduates who do not manage to find anything at all; they fail to make the expected transition from university into work and to compound their plight they also struggle with common mental health issues.

The underlying motivation for this focus on unemployed university graduates with common mental health issues is because I have been one of them. I have a long-standing mental health issue and have experienced 29 months of unemployment between 2009 and 2012. I found the experience to be a miserable one that is still painfully close in my mind. During this time, I remember ruminating on my place in the world and contemplating other existential questions where hugely important life-framing decisions seemed to have to be made. Unfortunately, many other graduates have experienced what I did and many more will do so in the future.

Given the wider context of the recent expansion of Higher Education in the UK and the high levels of general unemployment following the economic contraction of 2008/09, I thought it seemed appropriate to inquire further into the nature of the relationship between unemployment and mental health in university graduates. This subject has received almost no national attention or publicity, and from the point-of-view of the broader public consciousness, graduates seem to be a forgotten group. My initial exploration of research into this subject matter revealed a dearth of research and a clearly appreciable 'gap' in the literature. University graduates are a

particularly under-researched group, which is surprising considering their importance to the global economy and the high degree of investment made by societies in this group.

There is a large literature, including both quantitative and qualitative studies, attached to unemployment and mental health, including the relationship between the two, but there is little empirical data relating to unemployed graduates with mental health issues. Moreover, no investigation has been made into the qualitative experience of this group, leaving a number of unanswered questions relating to the role that common mental health issues play in graduate unemployment. These include their impact on graduates' ability to find and maintain employment, as well as the risks for more longer-term unemployment.

The void of research on this subject matter provided an opportunity for my research to begin to shed some light on these issues by conducting a qualitative exploration of them. This would provide rich and extensive data that would serve as a useful entrée into the key issues for this group of graduates. I began by undertaking an investigation into the various approaches to qualitative research knowing that I was primarily interested in what it was like to be an unemployed graduate with mental health issues, and how these graduates viewed the world around them. My study into the types of approaches to qualitative research helped to clarify my understanding of their own specific objectives and the different types of knowledge that they produce. I selected a phenomenological approach using Interpretative Phenomenological Analysis (IPA) on the basis of its psychological and experiential stance that befitted my research objectives, which were encapsulated in the research question.

## **1.2. Aims and Objectives**

The purpose of this thesis is to explore the lived experience of what it is like to be an unemployed university graduate with common mental health issues. My use of a phenomenological perspective using Interpretative Phenomenological Analysis (IPA)

means that I am able to investigate this subject matter by drawing out the personal and subjective meanings that graduates ascribe to their experience.

IPA's theoretical basis in phenomenology (Smith, Flowers & Larkin, 2009) means that I prioritise the voices of university graduates and their own meanings and understandings, rather than attempt to frame them within a pre-existing and abstract conceptual structure. The hermeneutic stance used by researchers in IPA research (Smith, Flowers & Larkin, 2009) means that my findings are the outcome of a subjective and interpretative process of co-construction between participants' understanding of their experience and my own interpretative activity of their claims.

Given these commitments to IPA's methodological approach, this thesis is mostly written using a first- or second-person narrative, which provides an accurate representation of the actual roles of researcher and participants. The use of the third-person narrative is inappropriate because it implies that my work is conducted from an objective and impersonal "god's-eye view" (Putnam, 1981, p. 50) or "view from nowhere" (Nagel, 1986, p. 5). This is inconsistent with the epistemological assumptions that underpin my work and misrepresents the actual actions of myself as the researcher and the participants.

My position in this thesis is that the use of an IPA qualitative approach can be thought of as complementary to quantitative research. I share the same positivist aim of explicating the relationship between unemployment and mental health, including the underlying cognitive-behavioural processes at work, but do so from a different perspective. Both unemployment and mental health issues are inextricably bound together in a complex web of relationships: rather than artificially disentangle the two and seek explanations of our experiences in cause-and-effect terms, as is practised in quantitative research, my focus was directed towards examining the co-existence of these phenomena as a unified lived experience and its meaning for participants.

### **1.3. Reflexivity and Reflectivity**

I adopt a critically reflexive and reflective stance at all stages of my research, which I document in the form of a running commentary throughout this thesis. This is integral to affirming the quality and validity of my work, given the central role of my interpretative focus (Smith, Flowers & Osborn, 1997). Being alive to the reasons why I made particular decisions, as well as showing an active awareness of the impact that my actions have had on the research process, helps to increase the confidence that may be had in the rigour of my work and the veracity of my claims.

My 'insider' status of having previous experience of being an unemployed university graduate with common mental health issues is an integral and helpful part of this process, as it has shaped this thesis and its outcomes, especially during the data-analysis stage. My use of the phenomenological technique of 'bracketing' this 'insider' status, which I explain in more detail in Part Two of this thesis, is critical to this process and has helped to ensure that my 'insider' status did not introduce undue bias or a narrow and constricted view of the data.

### **1.4. Defining My Terms: Unemployment and Common Mental Health Issues**

The two key terms or concepts that are the central focus in this thesis are unemployment and common mental health issues. Unemployment is essentially a practical matter: it refers to those individuals out of work or a job, who are willing and available to work, and who are actively looking for work for a continuous period of time (Barham, 2002), with a duration of 12 months or longer deemed to be long-term unemployment (Organisation for Economic Co-operation and Development (OECD), 2012). Mental health, by contrast, and its opposite state, mental ill health, are much more complex phenomena. Mental health is a broad term and there are numerous conceptions and definitions of the phenomenon. The World Health Organization (WHO), for example, has defined it as:

*“... more than just the absence of mental disorders or disabilities ... . Mental health is a state of well-being in*

*which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (2014, paras. 1-2).*

This definition suggests that mental health is much broader than the biomedical approach would allow (Engel, 1977). It places the individual in a broader context that also takes into consideration psychological, social and economic criteria for constituting mental health. Interestingly, this definition considers work or employment to be a pre-requisite for mental health.

Similarly, there is a wide range of opinion as to what constitutes mental ill health or disorder, and further, how to demarcate or classify the diverse array of phenomena considered to be indicative of mental abnormality (Berrios, 1999; Kato, 2011; Katschnig, 2010). For example, two of the most well-established and influential systems that provide classification/diagnostic criteria for mental ill health – the International Classification of Diseases (ICD) (e.g., WHO, 1992) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) (e.g., American Psychiatric Association (APA), 2013) – have significant differences and disagreements between them (First, 2009), and there is ongoing debate about how to best reconcile these differences (Goldberg, 2010).

The focus of this thesis is on those types of mental ill health that have been grouped together under the general label of 'Common Mental Disorders' (CMDs). CMDs are, as the name suggests, the most prevalent of the mental disorders (Goldberg & Huxley, 1992; Meltzer, Gill & Petticrew, 1995). They are associated with emotional and physical distress, and an impaired capacity to function (be it physical, social or occupational) to varying degrees, although insight and cognition usually remain unaffected (Lelliott *et al.*, 2008; McManus *et al.*, 2009).

CMDs include a range of disorders and comprise a number of different types of depression and anxiety, which include: depressive disorder (including mild, moderate and severe), mixed anxiety-depressive disorder, generalised anxiety disorder (GAD), panic disorder, phobias, and obsessive-compulsive disorder (OCD) (McManus *et al.*, 2009; National Institute for Health and Clinical Excellence (NICE), 2011). These

different types frequently co-exist and individuals often present symptoms of two or more different CMDs, with mixed anxiety-depressive disorder being the most common of these (Goldberg & Huxley, 1992; McManus *et al.*, 2009; Meltzer, Gill & Petticrew, 1995).

Although CMDs are typically less disabling than major mental disorders, such as psychosis, they do vary considerably in the severity and duration of their symptoms (McManus *et al.*, 2009). Some are often an appropriate response to a recognisable source, such as a major life change or crisis, and may be relatively mild and short in duration; while others may be more severe and enduring, following a lifelong course of recurrence and remission with no clearly identifiable cause (Lelliott *et al.*, 2008; Thornicroft & Sartorius, 1993). However, CMDs are generally regarded to be treatable using medication, counselling and therapy (McManus *et al.*, 2009).

My phenomenological stance in this thesis, using an IPA approach (Smith, Flowers & Larkin, 2009) – where I prioritise the voices of university graduates and their meanings and understandings – means that I do not consider the terms 'unemployment' and 'common mental disorders' to be singular and fixed referents that are objectively understood to hold the same meaning for all participants. Instead, I examine these phenomena from the perspective of participants who actively construe these 'realities' in their own idiosyncratic and interpreted manner.

For this reason, I use the more neutral term 'common mental health issues' instead of the medicalised term 'common mental disorders' in this thesis. In doing so, I avoided implying that these issues were necessarily problematic for participants, nor did I wish to prejudice their accounts with a biomedical perspective, and its associated connotations, by using the terms 'disorder', 'condition' or 'illness'.

## **1.5. Prevalence of Mental Health Issues**

There are no available data relating to the prevalence of mental health issues in university graduates who are unemployed, although there are a number of general statistics that provide an insight into the current extent of mental health issues in the na-

tional population. In a major study into the prevalence of both treated and untreated mental health issues in adults aged 16 and older, the Adult Psychiatric Mortality Survey (APMS) of private households in England (excluding individuals in institutions) reported in 2007 that nearly one person in four (23 percent) had at least one mental health issue and 7.2 percent had two or more mental health issues (McManus *et al.*, 2009).

The study also found that common mental health issues were the most widespread of mental health issues, with 16.2 percent of adults having at least one of these. Moreover, those aged 55 years and over experienced less depression and anxiety than younger people, and women were more susceptible to developing common mental health issues than men (McManus *et al.*, 2009), which accords with other findings (Slade *et al.*, 2009; Weich, Sloggett & Lewis, 1998). The high number of reported cases of mental health issues in general, as well as the greater prevalence of common mental health issues, mean that the economic and social costs are high, especially in terms of worklessness / unemployment (NICE, 2004), which is the focus of this thesis.

## **1.6. University Graduate Unemployment and Underemployment**

The phenomenon of persistent university graduate unemployment and underemployment on a significant scale is a recent one. Its origins can be traced back to the 1990s when there was a substantial expansion of university places, which increased the numbers of graduates leaving university. This significantly changed the graduate employment market and created fierce competition among graduates for scarce jobs (Elias & Purcell, 2004).

The extent of university graduate unemployment in the UK is well documented. For example, the Higher Education Statistics Agency (HESA) (2011) surveyed 49,065 graduates and found that 27.7 percent of those leaving university in 2007 were still not in full-time work three-and-a-half years later. Of these graduates, 8.8 percent were in part-time or voluntary work, 5.3 percent were working and studying, 6.5 percent were just studying and 3.6 percent gave their response as 'other', leaving 3.5 per-



cent considered unemployed. A report by The Office for National Statistics (ONS) (2012) noted that the unemployment rate for graduates had risen sharply due to the recession of 2008. In the final quarter of 2011, graduate unemployment stood at 18.9 percent, meaning that almost one in every 5 new graduates was unemployed.

More recently in 2013, a report produced by the Higher Education Careers Service Unit (HECSU) and the Association of Graduate Careers Advisory Services (AGCAS) provided a snapshot of the destination of 242,285 graduates, six months after leaving university in 2013. They found that 67.7 percent were in employment, although 8.5 percent were unemployed, 5.9 percent were working and studying at the same time and 13 percent had pursued further study or training (HECSU & AGCAS, 2013). These unemployment statistics for university graduates are congruent with the high levels of youth unemployment in general. For example, 721,000 individuals aged 16 to 24 (excluding people in full-time education) were unemployed between June and August 2011, the highest figure since comparable records began in 1992 (ONS, 2011).

Graduate underemployment is also high, as those graduates who are unable to secure graduate-level roles are forced into jobs that do not require degrees. Further data released by The Office for National Statistics (ONS, 2012) demonstrated that the percentage of graduates underemployed in jobs not needing degrees had increased from 26.7 percent in 2001 to 35.9 percent in 2011. This meant that more than one in three recent graduates were underemployed compared with more than one in four back in 2001. An indication of the intense competition among graduates for graduate-level jobs has been provided by The Association of Graduate Recruiters (AGR) (2011) survey of 144 leading employers. It revealed that these firms received an average of 83 applications for every graduate vacancy, which was almost double the number of 49 in 2009.

These figures, which demonstrate a continuing trend of high graduate unemployment and underemployment, are concurrent with an increasing level of graduate debt. The average UK graduate debt was predicted to reach £26,100 for those students

commencing their studies in 2011, rising to £53,400 for students beginning the following year in 2012, after the increased tuition fees in England (Push, 2011). Taken as a whole, the present economic environment for both university students and graduates is likely to further intensify the political question of the nature and importance of the economic role played by university graduates.

## **1.7. Chapter Summary**

In this chapter, I have provided an introduction to the subject matter of this thesis. I have described the background development of my research, outlined my aims, objectives and methodological approach, and introduced the two main concepts of unemployment and common mental health issues. This has provided the basis upon which I go on to consider the nature of the relationship between unemployment and mental health, by reviewing the main research evidence on this topic.

## **2. Chapter Two: The Relationship between Unemployment and Mental Health: A Review of the Quantitative Literature**

### **2.1. Introduction**

In this chapter, I present a narrative review of the main quantitative research evidence relating to the nature of the relationship between unemployment and common mental health issues. My review of this literature was carried out in a systematic manner using clearly defined and transparent steps, and I begin by describing this process below.

### **2.2. Literature Review Process**

My literature review procedure comprised three stages: **(1)** formulation of a review objective and inclusion criteria, **(2)** devising a search strategy, and **(3)** identification and selection of relevant literature, which I describe in detail below.

#### **2.2.1. (1) Review Objective and Inclusion Criteria**

I started by formulating a clear objective for this review, which was to provide an overview of the evidence of the relationship between unemployment and mental health, with a particular focus on this relationship in a university graduate population. I developed inclusion criteria based on this objective, which defined the specific characteristics to be possessed by any study for it to be considered for inclusion in my review. These included: quantitative research designs that focused on associations/correlations between (un)employment and mental health in (un)employed individuals (including university graduates) with or without mental health issues. See Table 2.1. below for a detailed specification of my choice of inclusion criteria.

**Table 2.1. Inclusion Criteria for Studies to be Included in Quantitative Review**

<b>Review objective?</b>	To provide an overview of the evidence of the relationship between unemployment and mental health, with a particular focus on this relationship in a university graduate population.
<b>Participants?</b>	Unemployed/employed and those with/without common mental health issues; university graduates.
<b>What will be reviewed?</b>	Outcome variables: mental health (deterioration/improvement of mental health, well-being, symptoms of psychiatric morbidity in relation to unemployment/employment); unemployment/employment (duration, no. of incidences).
<b>How will it be reviewed?</b>	Associations/correlations between unemployment and mental health using measures of these variables (self-report questionnaires/interviews).
<b>Where?</b>	Unspecified; all locations and contexts.
<b>Study design?</b>	Quantitative research designs: cross-sectional, longitudinal (cohort, follow-up studies), meta-analysis.

### **2.2.2. (2) Search Strategy**

My search strategy refers to the various methods that I employed to identify the data relevant to my review objective. As my purpose was to provide a general summary of the main evidence, I required an amount of research that was wide-ranging rather than exhaustive, and so I carried out a broad search of the literature.

I began my search by carrying out preliminary or 'scoping' searches, which were undertaken to gain an overview of the volume and type of research evidence that was available, and to speedily identify the key studies. To do this, I made use of two or three major electronic databases and used simple search terms, which was sufficient to give an indication of the volume and type of studies that I would find when

carrying out my main search. The outcome of these searches helped to finalise my choice of inclusion criteria.

I commenced a formal search of the literature by using the University of Liverpool's DISCOVER: Health and Life Sciences service (EBSCOhost search engine). This enabled the simultaneous search (with the automatic removal of duplicates) of the following major multi-disciplinary bibliographic databases: ScienceDirect, Scopus, Web of Knowledge; along with the more specialist databases relating to health: CINAHL Plus, MEDLINE, PubMed, UK PubMed Central, The Cochrane Library; and the social sciences: PsycINFO and PsycARTICLES.

Each of these databases provided access to a vast number of academic journals, books, book chapters, conference papers, dissertations/theses and reports. My searches of these databases were also supplemented with the screening of the reference lists of key papers. I also consulted government databases and documents, as well as the unpublished 'grey' literature by making use of the British Library's EthOS service, which provides access to UK doctoral theses.

I initially carried out advanced searches using free-text (keyword) searching of terms used in key papers that I had identified during my scoping searches. I was able to refine these as I became familiar with significant keywords that emerged during my search. I made use of Boolean operators and wildcard/truncation symbols to combine terms, which helped to broaden or narrow my search depending on my needs.

### **2.2.3. (3) Identification and Selection of Relevant Literature**

All searches that retrieved 1000 or less results were manually screened using my inclusion criteria to determine if they should be included in my review. I excluded any search results over this number, deeming these search terms to be too broad in scope. I conducted separate searches of both the titles and abstracts of papers using the same search terms, which was especially useful for those search terms that were

too broad in scope and returning thousands of results. In these cases, I significantly reduced the quantity of results by screening those papers with the search terms in their title only. I retrieved any full-text articles if their abstracts provided insufficient information to determine selection. A full record of my search and screening process, including my search terms, search results and the number of papers retained from these searches can be found in Appendices I and II.

I retained a total of 557 papers from my searches, to which I added a further 22 articles that I identified from government documents and the reference lists of these papers. These papers served as a pool of literature and from which I selected those studies that were the most suitable for my review. Given that my purpose is to present an overview of the main quantitative research findings relating to the different aspects of the association between unemployment and mental health, my review of the evidence is by no means exhaustive. This subject matter has attracted a vast amount of research and so the citations given are an indication of some of the research undertaken in this area.

### **2.3. The Relationship between Unemployment and Mental Health**

The relationship between unemployment and mental health has attracted an extensive amount of quantitative research from a range of different disciplines and perspectives within the social sciences, especially over the last 35 years. This work has been undertaken in numerous countries and used both cross-sectional and longitudinal research designs, employing wide-ranging samples in respect of age and other demographic variables, including; socio-economic status, level of education, occupation and income level.

#### **2.3.1. The Impact of Unemployment on Mental Health**

There is a substantial body of research that demonstrates strong cumulative evidence for the causation hypothesis, which contends that unemployment is deleterious to

mental health. In a meta-analysis of 104 empirical studies that investigated this relationship, McKee-Ryan *et al.* (2005) found that unemployed individuals had lower psychological well-being than those who were employed. For example, unemployment has been found to be associated with feelings of inadequacy, lowered self-esteem and self-belief, increased stress, depressed mood, loss of meaning and purpose, greater apathy and social isolation (Björklund & Eriksson, 1998; Cohn, 1978; Creed, Lehmann & Hood, 2009; Feather & Barber, 1983; Tiggemann & Winefield, 1984; Waddell & Burton, 2006; Warr, Jackson & Banks, 1982).

The majority of this evidence, however, describes the mental health effects of unemployment in terms of a lowered psychological well-being, or as Jahoda (1988) described it: “a lowered degree of positive mental health” (p. 20) relative to those in employment. This more general diminished state of mental health is quite different from the presence of psychiatric disorder, such as the common mental health issues of interest in this thesis.

There is strong evidence that unemployment is associated with increased levels of minor or common mental health issues (Waddell & Burton, 2006). For example, the UK National Survey of Psychiatric Morbidity reported that unemployment was strongly associated with mental health issues (Jenkins *et al.*, 1997). In a meta-analytic study of 237 cross-sectional and 87 longitudinal studies, which covered 458,820 participants, an increase in psychological problems of possible clinical severity from 16 percent to 34 percent for unemployed individuals was also found (Paul & Moser, 2009).

### **2.3.2. The Impact of Mental Health on Unemployment and Capacity to Work**

The impact of pre-existing common mental health issues on unemployment circumstances, capacity to work and opportunities to move into employment has received much less attention in the research literature. Mental health issues are strongly associated with unemployment and are now the most frequently reported reason for claiming health-related incapacity/unemployment benefits (Cattrell *et al.*, 2011; Gov-

ernment Office for Science, 2008). UK Government statistics in 2009/10 reported that 42 percent of the 2.6 million people on health-related incapacity/unemployment benefits were doing so primarily because of mental health issues; yet these figures excluded those individuals whose mental health issues were secondary, but also implicated in their inability to work (Department for Work and Pensions (DWP) & Department of Health (DoH), 2009; H.M. Government, 2010).

There is a growing body of evidence to support the selection hypothesis, which contends that poor mental health leads to unemployment (Bartley, 1994; Heponiemi *et al.*, 2007; Leach *et al.*, 2010; Leino-Arjas *et al.*, 1999; Olesen, Butterworth & Rodgers, 2012; Whooley *et al.*, 2002). Poor mental health may also hinder an individual's capacity and willingness to seek out employment opportunities (Dooley, Catalano & Brownell, 1986; Kasl, 1982), and those with better mental health are more likely to enter employment (Hamilton, Merrigan & Dufresne, 1997; Schaufeli & VanYperen, 1992).

For example, research using panel data from a US national survey by Dooley, Prause and Ham-Rowbottom (2000) found that depressive symptoms were a predictor of unemployment two years later in a sample of employed adults in their early thirties. Also making use of panel data from a national survey in Australia, Butterworth *et al.* (2012) similarly found that individuals with pre-existing CMDs spent a greater period of time unemployed over a four year period than those with better mental health. There is also evidence to suggest that the likelihood of a return to work for those with mental health issues diminishes as the length of their unemployment increases (Blank *et al.*, 2008; DWP & DoH, 2009).

Common mental health issues are also strongly associated with sickness absence from work, with one in five days estimated to be lost from work in the UK due to mixed anxiety-depressive disorder alone (Das-Munshi *et al.*, 2008). Gabbay, Shiels and Hillage's (2015) large-scale study of sickness certification by GPs also provides evidence relating to the high prevalence of mental health-related sickness absence, and also suggests that this is an upward trend. These researchers compiled a database of 25,078 fit notes issued to patients over a 12-month period at 68 general prac-



tices in eight regions of England, Wales and Scotland between 2011 and 2013, along with sick note data collected in 2001-02 from seven of these practices for comparative purposes. They found that the proportion of sickness absence due to common mental health issues rose from 26 percent to 38 percent between 2001-02 and 2011-13, and represented almost one in three (over 32 percent) of the fit notes issued to patients in all 68 practices in 2011-13.

### **2.3.3. The Bi-directional Relationship between Unemployment and Mental Health:**

Evidence of unemployment leading to poor mental health (causation hypothesis) and poor mental health leading to unemployment (selection hypothesis) points towards a bi-directional relationship between the two. Making use of panel data from a national survey in Australia, Olesen *et al.* (2013) carried out a closer inspection of the bi-directional relationship between mental health and unemployment. They reported that poorer mental health was both a consequence and determinant of unemployment, and that for men in particular, mental health was a stronger determinant of future unemployment than unemployment was a determinant of future mental health.

If there is a bi-directional relationship between unemployment and mental health, then it follows that unemployment for those with pre-existing mental health issues could aggravate or even compound their mental health issues, which might then hinder their ability to obtain or maintain subsequent employment. Moreover, unemployment for those without pre-existing mental health issues risk a deterioration in their mental health, which also might hinder their ability to obtain or maintain work/employment. The bi-directional relationship between unemployment and mental health therefore may be circular and self-reinforcing, leading those who are unemployed with mental health issues to become entrenched in their mental health-related difficulties and unemployment (Fryer, 1997; Hammarström & Janlert, 1997).

#### **2.3.4. Temporal Aspects to the Relationship between Unemployment and Mental Health**

A further aspect to the relationship between unemployment and mental health that has received much less attention relates to how they both change over time (Butterworth *et al.*, 2012). Due to difficulties in gaining access to appropriate longitudinal data, there has been little research that has examined the temporal dimensions of recurrence and duration among mental health symptoms and periods of unemployment.

Of this work, it has been demonstrated that longer-term unemployment is more conducive to poorer mental health than unemployment in the short-term (Banks & Jackson, 1982; Mossakowski, 2009; Paul & Moser, 2009; Singleton *et al.*, 2001; Stankunas *et al.*, 2006; Winefield & Tiggemann, 1990). However, there is also some evidence to suggest that individuals adjust to their unemployment over time (Dooley, Fielding & Levi, 1996) and that after an initial period of decline in mental health during the first six months of unemployment or so, there is a period of stabilisation thereafter. (Dooley, Catalano & Rook, 1988; Thomas, Benzeval & Stansfeld, 2005; Warr, 1984, 1985).

Other research has even found evidence of an improvement in mental health after two years of unemployment (Payne, 1987), and so the precise effects of long-term unemployment on mental health therefore remain uncertain (Iversen & Sabroe, 1988; Payne, 1987; Stokes & Cochrane, 1984).

#### **2.3.5. The Relationship between Employment and Mental Health**

Research suggests that a return to employment from unemployment is related to an improvement in mental health (Graetz, 1993; Green, 2011; Jackson *et al.*, 1983; Payne & Jones, 1987; Prause & Dooley, 2001; Thomas, Benzeval & Stansfeld, 2005; Warr & Jackson, 1985), and has been demonstrated to boost self-esteem and alleviate symptoms, dependency and reduce the likelihood of relapse (Crowther *et al.*, 2001; Dewa & Lin, 2000; Dooley, Catalano & Wilson, 1994; Ford *et al.*, 2010; Hudson *et*

*al.*, 2009). The benefits of employment on mental health include a combination of: economic (e.g., income and access to material resources); social (e.g., social identity/role and status, access to social networks and support); and psychological factors, such as regular activity, time structure, a sense of meaning, collective purpose and achievement (Dooley, Fielding & Levi, 1996; Fryer, 1986; Jahoda, 1981, 1982).

However, it may be an oversimplification to suggest that all employment per se is conducive to better mental health, as any benefits of work may be dependent on the nature of its psychosocial characteristics. As Warr (1987) points out: both employment and unemployment can have positive and negative effects on mental health. For example, jobs with negative psychosocial characteristics (e.g., high work demands, low control, insecurity) have been connected with poorer mental health (Karasek, 1979; Siegrist, 1996; Stansfeld & Candy, 2006; Stansfeld *et al.*, 2012).

Moreover, low quality work may be more detrimental to mental health than remaining unemployed (Broom *et al.*, 2006; Butterworth *et al.*, 2011, 2013). These observed variations in the relationship between (un)employment and mental health demonstrate the complexity of this association and belie commonsensical and simplistic notions of work as 'good' and unemployment as 'bad' (Ezzy, 1993).

## **2.4. The Relationship between Unemployment and Mental Health in University Graduates**

In this section, I provide a more detailed critical appraisal of the quantitative literature that has specifically investigated the relationship between unemployment and mental health in university graduates. An important theoretical distinction needs to be made between the literature discussed above, which tends to focus on involuntary job loss as an entry path into unemployment, and the participants in this thesis, who have graduated into unemployment. This difference in status, of not having experi-

enced a job loss, is important and may be likely to affect the nature of the experience.

In addition, the relationship between unemployment and mental health has generally been investigated using mixed samples that differ in respect of age and other demographic variables, including: socio-economic status, occupation and level of education. Given that the experience of unemployment has been demonstrated to vary depending on these variables (Daniel, 1974; Feather, 1990; Fineman, 1979; Hartley, 1980; Hepworth, 1980; Jackson & Warr, 1984; Kaufman, 1982; Payne, Warr & Hartley, 1984; Schaufeli, 1988), these studies risk underestimating the complexity of the issues in different populations and situations, such as those with higher level qualifications like the university graduates of interest in this thesis.

#### **2.4.1. Literature Review Process**

To carry out this review, I used the pool of literature assembled from my literature review process, which was described above in section 2.2. I selected those papers with a focus on university graduates or young professionals and screened these by obtaining the full-text papers of all eligible studies. I then reviewed these using my inclusion criteria to determine if they should proceed to the quality assessment stage. This process led to 61 out of 67 articles being excluded, mostly due to a lack of focus on unemployment and mental health. Despite the great deal of empirical attention given to the relationship between unemployment and mental health, there is a paucity of evidence and no continuity of research into this relationship in university graduates. I present a summary of the studies and their key characteristics relevant to my inclusion criteria in Table 2.2. shown below.

**Table 2.2. Key Characteristics of Selected Studies**

Study/Focus	Country	Study Design	Participants/ Setting	Sample Characteristics	Recruitment strategy	Data-collection and Time Frame
<b>Burke &amp; Macdermid (1999)</b> Recent business school graduates' views on their career and economic prospects	Canada	Cross-sectional self-report questionnaire	Business school graduates from a Canadian university between 1989 to 1995	217 respondents (92 females) even distribution over the seven graduating classes; 60% between 26 and 30 years old	Names and addresses of all graduates obtained from central alumni directory	Data collected over 6 week period; late questionnaire returns were included in analysis; 40% response rate
<b>Cassidy (1994)</b> Compared the psychological impact of employment and unemployment in recent university graduates	UK	Cross-sectional self-report questionnaire	Graduates drawn from a cohort of students who graduated from a University in 1992	181 respondents (105 females); 88 employed and 93 unemployed; no ages given	No details given	Data collected in March 1993, 9 months after graduation; Of 200 questionnaires sent out, 160 graduates responded?
<b>Cassidy &amp; Wright (2008)</b> Transition from student to graduate, including the impact of employment, under-employment and unemployment on their psychological distress, achievement motivation, optimism, perceived social support and health behaviour	UK	15-21 month prospective cohort study	Students/ graduates drawn from a cohort who graduated from a degree programme at a University in 2001	248 respondents (175 females); all between 19 and 28 years old; at second assessment 173 employed, 49 unemployed and 26 in further study	Final year students contacted at a University	Data collected: first assessment made in final year 6-9 months before graduation); second assessment made 9-12 months post-graduation; Of 512 participants, only 248 graduates completed the second assessment

Study/Focus	Country	Study Design	Participants/ Setting	Sample Characteristics	Recruitment strategy	Data-collection and Time Frame
<b>Feather &amp; Bond (1983)</b> Impact of unemployment and employment on graduates, focusing on their self-esteem, depression, beliefs relating to employment importance, and their time structure and purpose	Australia	Cross-sectional self-report questionnaire	Former students who graduated from a University in 1979 and 1980	298 respondents  43 unemployed (30 females) mean age 26.45 years, mean unemployment length 29.70 weeks  255 employed (99 females) mean age 26.46 years, mean length of present employment 19.60 months	No details given	Data collected in 1981; 959 questionnaires sent out, 47% response rate – excluded those in casual, part-time jobs or further study
<b>Lacković-Grgin <i>et al.</i> (1996)</b> Relationship between length of unemployment and self-esteem, general life-satisfaction and social support in graduates	Croatia	Cross-sectional self-report questionnaire	Unemployed university graduates	98 respondents (67 females); mean age 27 years and 3 months	All respondents were registered at an Unemployment Registry Office	No details given
<b>Schaufeli &amp; VanYperen (1992)</b> Relationship between unemployment/ employment and psychological distress in graduates	Netherlands	12 and 24 month prospective cohort study	Students/ graduates from a technical college (a higher education institution)	<b>Sample one:</b> 635 students leaving technical college (37% female) mean age 22.8 years <b>Sample two:</b> 467 technical college graduates who had been unemployed for more than one year (56% female) mean age 29.8 years	Unemployed graduates were registered with the Labor Office	<b>Sample one:</b> Questionnaire sent to 1524 students (635 responded) six months before graduation in 1986, then four follow-up points at six month intervals; 389 respondents successfully completed all five questionnaires <b>Sample two:</b> Questionnaires sent to 1136 unemployed graduates (467 responded) in 1987, then a follow-up one year later; 166 respondents successfully completed both questionnaires

#### **2.4.2. Quality Assessment of Selected Studies**

In line with the systematic nature of my review process, I standardised the evaluation process by considering each of these studies against key criteria and questions for assessing the quality of the quantitative research. In devising the questions, I was guided by some generic evaluation tools for assessing the quality of quantitative research (i.e., Critical Appraisal Skills Programme (CASP), 2013; Long *et al.*, 2002) and their relevance to the design of the studies included in my review (e.g., prospective cohort design).

The final framework comprises 29 questions, which are grouped into six sections relating to the main sections of a research report. These are: (i) Introduction (e.g., clear rationale for study) (ii) Method (e.g., design, participants, materials and procedure) (iii) Analysis/Results (e.g., appropriate use and reporting of statistics) (iv) Discussion (e.g., considered limitations, generalisability of results) (v) Ethics (e.g., evidence of following a professional/institutional code of conduct), and (vi) Reporting (e.g., clarity and coherence).

All questions are phrased so that they can be answered categorically, using 'yes', 'somewhat' and 'no' response options. A 'yes' response indicates that I was satisfied the study fulfils the requirements conveyed in the question; 'somewhat' where these requirements are partly met, and; 'no' if they are not met at all. Rather than use the framework to establish a quality standard below which a study would be excluded, I used it as a means of gaining an understanding of the relative strengths and weaknesses of the available evidence, which helped to inform my overall assessment of the selected literature (Miller, Bonas & Dixon Woods, 2007; Noyes & Popay, 2007). For this reason, it was unnecessary in my assessment to assign each study a total quality score. The full framework and the results of my quality assessment of the selected literature are presented in Table 2.3. shown below.

**Table 2.3. Results of Quality Assessment for Selected Studies**

APPRAISAL QUESTION	CRITERIA MET?					
	Burke & Macdermid (1999)	Cassidy (1994)	Cassidy & Wright (2008)	Feather & Bond (1983)	Lacković-Grgin <i>et al.</i> (1996)	Schaufeli & VanYperen (1992)
<b>INTRODUCTION</b>						
(1) Has the rationale for the study been clearly discussed?	Yes	Yes	Yes	Yes	Yes	Yes
(2) Has the study been placed in context of the relevant literature and discussed in relation to this work?	Yes	Yes	Yes	Yes	Yes	Yes
(3) Have the study aims/hypotheses been clearly stated?	Yes	Yes	Yes	Yes	Yes	Yes
<b>METHOD</b>						
(4) Is the research design defensible?	Yes	Some-what	Yes	Yes	Yes	Yes
(5) Does the research design enable the aims of the research to be met?	Yes	Yes	Yes	Yes	Yes	Yes
(6) Is the sample appropriate for the aims of the study (e.g., representative of target population)?	Yes	Some-what	Yes	Yes	Some-what	Yes
(7) Is the sample size sufficient for the study aims and to warrant the conclusions drawn?	Yes	Yes	Yes	Yes	Some-what	Yes
(8) Have the appropriate details about the sample relevant to the topic been given (e.g., age, sex, length of unemployment/ employment)?	Yes	No	Yes	Yes	No	Yes
(9) Have details about how the sample was selected been given?	Some-what	No	Yes	Some-what	No	Yes
(10) Has appropriate consideration been given to response attrition/non-response rate and reasons why?	Yes	No	Yes	Yes	No	Yes
(11) Have the study materials/measures been sufficiently described?	Yes	Yes	Yes	Yes	Yes	Some-what
(12) Are the measures appropriate for the study aims?	Yes	Yes	Yes	Yes	Yes	Yes
(13) Are the measures well-validated?	No	Some-what	Yes	Yes	No	Yes
(14) Was the time scale of measurement appropriate for the study aims?	/	/	Yes	/	/	Yes
(15) Has the research procedure been sufficiently explained (e.g., how questionnaires were administered)?	Some-what	No	Some-what	Yes	No	Some-what



APPRAISAL QUESTION	CRITERIA MET?					
	Burke & Macdermid (1999)	Cassidy (1994)	Cassidy & Wright (2008)	Feather & Bond (1983)	Lacković-Grgin <i>et al.</i> (1996)	Schaufeli & VanYperen (1992)
<b>ANALYSIS/RESULTS</b>						
(16) Have the appropriate statistical techniques been used	Yes	Yes	Yes	Yes	Yes	Yes
(17) Has bias and any confounding factors been taken into account/controlled for?	Yes	Yes	Yes	Yes	Yes	Yes
(18) Have the appropriate statistical values been presented clearly and coherently?	Yes	Yes	Yes	Yes	Some-what	Yes
(19) Are the results convincing (e.g., size of difference/effect, range of confidence intervals)	Yes	Yes	Yes	Yes	Yes	Yes
<b>DISCUSSION</b>						
(20) Does the research address its original aims and purpose?	Yes	Yes	Yes	Yes	Yes	Yes
(21) Are the links between data, interpretation and conclusions clear?	Yes	Yes	Yes	Yes	Yes	Yes
(22) Have the findings been discussed in light of the relevant research evidence?	Yes	Yes	Yes	Yes	Yes	Yes
(23) Has knowledge/understanding been extended by the research?	Yes	Yes	Yes	Yes	Yes	Yes
(24) Have the limitations of the study been acknowledged?	Yes	Yes	No	Yes	No	No
(25) Have the implications of the findings for theory and practice been considered?	Yes	Yes	Yes	Yes	Yes	Some-what
(26) Has the scope for drawing wider inference/ generalisability been considered?	No	Yes	Yes	Yes	Yes	No
(27) Have suggestions for future research been made?	Yes	Yes	No	Yes	No	No
<b>ETHICS</b>						
(28) Is there evidence of attention to ethical issues?	No	No	Some-what	Some-what	No	No
<b>REPORTING</b>						
(29) Has the research process been documented adequately and clearly?	Yes	Some-what	Yes	Yes	Some-what	Yes

**Key:** '/' This criterion was not applicable to the study

The results of my quality assessment revealed that the overall standard of the selected studies was good, although their main weaknesses tend to cluster around missing details pertaining to their method, especially in relation to sample characteristics (e.g., selection, representation and response rate) and the procedural aspects of their research (e.g., how the questionnaires were administered). Some of the measures used had not been properly validated, although the low internal reliability of these scales was in cases where the measures had been designed specifically for the purposes of the study. In addition, it is also worth noting the absence of attention to ethical issues in the authors' reporting of their studies.

#### **2.4.3. Key findings of Selected Studies**

In this section, I discuss the main findings of the selected studies described above. I start by providing a summary of the main findings of each of the studies in Table 2.4. shown below, highlighting their main strengths and limitations, which have been established in my quality assessment above. This information is helpful in trying to account for any discrepancies in the findings reported in the literature.

**Table 2.4. Main Findings, Strengths and Limitations of Selected Studies**

Study	Main Findings	Strengths of Study	Limitations of Study
Burke & Macdermid (1999)	Respondents optimistic about career prospects despite national economic difficulties; greater career optimism associated with better work outcomes, fewer stressors at work and greater psychological well-being; mixed views on extent to which respondents felt they had been prepared for work after study	Provides insight into views of recent graduates about career prospects  Views of broad range of graduates spanning 1989-95	Low response rate – no data from 60% of sample  Ad hoc measures, created for use in study, had only moderate levels of reliability (e.g., internal consistency: $\alpha = < 0.7$ )  Exploratory study focused on generating appropriate research questions, rather than testing specific hypotheses
Cassidy (1994)	Unemployed graduates did not experience significantly greater psychological distress than their employed counterparts, which may be due to their more positive approach to problem solving, higher achievement motivation, higher perceived social support, being more assertive and feeling less hopeless  These findings may be explained by employed graduates being in jobs that did not meet their expectations or aspirations, which may be more psychologically distressing in the short-term than being unemployed and hopeful	Compares unemployed and employed graduates on various indices  Offers theoretical explanations for contrary findings	Small sample size  Cursory information about method, including missing details about participants (e.g., age, type of degree, how selected, length of time employed) and reasons for non-response rate  Cross-sectional nature of study means cause-effect relationships among variables remain unclear and should be treated with caution
Cassidy & Wright (2008)	Both unemployment and underemployment have detrimental effects on psychological and physical health, perceived social support, optimism and achievement motivation  Finding employment congruent with career plan is beneficial to psychological health	Longitudinal nature of comparison between unemployed and employed students/graduates  Extends Cassidy's (1994) analysis	High attrition rate at second assessment

Study	Main Findings	Strengths of Study	Limitations of Study
Feather & Bond (1983)	<p>Unemployed graduates had more depressive symptoms and were less organised and purposeful with their time than their employed counterparts;</p> <p>For both employed / unemployed graduates, time structure and purpose was positively associated with self-esteem and negatively associated with depressive symptoms;</p> <p>For unemployed graduates, higher employment importance associated with difficulty in use of time; but for employed graduates, higher employment importance associated with better use of time</p>	<p>Examined a variety of variables relevant to unemployment in a graduate population</p> <p>Ties findings into theoretical models of unemployment and considers generalisability of findings</p>	<p>53% Non-response rate means results should be treated with caution. Anonymity of sample meant non-respondents could not be contacted, so no information about this group was available</p> <p>Cross-sectional nature of study means cause-effect relationships among variables remain unclear and should be treated with caution</p>
Lacković-Grgin <i>et al.</i> (1996)	<p>Length of unemployment unrelated to levels of self-esteem and general life satisfaction</p> <p>Parental and partner social support was associated with higher self-esteem</p>	<p>Findings conflict with Feather &amp; Bond (1983) above</p> <p>Considers Croatian structural and cultural context as means of explaining findings</p>	<p>Small sample size – 68% female; cursory information about method - missing details how participants selected and length of unemployment; no information about response rate; used an ad hoc measure of social support with moderate reliability (e.g., <math>\alpha = &lt; 0.7</math>)</p> <p>Cross-sectional design limits validity of causal claims; focused on unemployed graduates only - no comparison group of employed graduates</p>
Schaufeli & VanYperen (1992)	<p>Unemployment was only associated with psychological distress among graduates unemployed for longer than two years</p> <p>Lower psychological distress was associated with greater likelihood of finding employment; recent graduates who were not yet successful in finding a job did not experience greater psychological distress than their employed counterparts</p>	<p>Findings add a temporal dimension to our understanding of the psychological impact of unemployment, which conflict with other research in this area</p> <p>Carried out a non-response survey to ascertain reasons for non-responses and controlled for measurement error using structural equation modelling</p>	<p>Low response rates and respondent attrition weakened validity of findings</p>

The first observation of note is that these studies on graduate unemployment are generally quite old, with Cassidy and Wright's (2008) UK study being the most recent. All six studies have a strong focus on unemployment, and while they do not investigate the coexistence of unemployment and common mental health issues in a graduate population, they do demonstrate some evidence for the detrimental impact that unemployment has on psychological health and well-being.

There are two general positions taken in the literature in relation to how university graduates are expected to cope with unemployment. Firstly, it is suggested that recent graduates' mental health will be less affected by unemployment than those who have been employed before. This is because they have the achievement of being a university graduate, which perhaps might help them to maintain their self-esteem (Lacković-Grgin *et al.*, 1996), and they also have yet to experience a job loss. Other protective benefits are thought to include: yet to develop an occupational identity, feeling less economic pressure and also having recently experienced extended leisure time as students (Hayes & Nutman, 1981).

This position is in line with research that has shown the well-educated cope well with unemployment (Estes & Wilensky, 1978; Fryer & Payne, 1986; Hartley, 1980; Hepworth, 1980) and experience less severe psychological symptoms than those who are less educated (Banks & Jackson, 1982; Warr, 1984), which, it is suggested, may be because they have access to greater personal and situational resources (Warr, 1984). For example, well-educated individuals respond to unemployment with proactive behaviour (Fryer & Payne, 1984), exhibit high levels of self-esteem in general (Pukey, 1970), and have alternative job options (Kjos, 1988).

However, in opposition to this view, it is proposed that university graduates will be more affected by unemployment due to their higher expectations relating to occupational identity and social status, hence there is a greater loss of status associated with unemployment (Feather & Bond, 1983). This view is congruent with research that finds unemployment to be conducive to poor mental health in well-educated and highly qualified individuals (Fineman, 1979, 1983; Goodchilds & Smith, 1963; Os-

tell & Divers, 1987; Shamir, 1986). For example, an extensive examination of the matter by Kaufman (1982), who focused on professionals, found that they generally demonstrated high levels of psychological distress as a result of their unemployment.

The selected studies under review here, help to elucidate the nature of the relationship between unemployment and mental health in relation to these two positions described above. First of all, Burke and Macdermid (1999) provide some evidence of the optimistic nature of graduates' hopes and expectations relating to their career prospects upon graduation. This is supportive of both positions, as graduates' sense of achievement and expectations are tied to their status as university graduates, although Burke and Macdermid (1999) do not examine how this might relate to graduates' response to unemployment.

The studies that report unemployment to have a detrimental effect on psychological health (i.e., Cassidy & Wright, 2008; Feather & Bond, 1983) seem to conflict with Cassidy (1994), Lacković-Grgin *et al.* (1996) and Schaufeli and VanYperen (1992) who found that unemployment does not necessarily lead to psychological distress – and may actually continuously improve in those who are long-term unemployed (Schaufeli & VanYperen, 1992). These apparent discrepancies, however, may be reconcilable by taking into account a range of other factors that either mediate or moderate this relationship.

For example, Lacković-Grgin *et al.* (1996) and Schaufeli and VanYperen (1992) consider the structural and cultural context of their respective countries as a means of explaining their findings. They both raise issues relating to the economic outlook – where, for example, a poor outlook might have led participants to ascribe their unemployment to these systemic problems, rather than their own personal failings. In addition, low expectations of employment, especially in degree subjects that are associated with high-levels of unemployment, may also be an important factor in buffering the impact of unemployment (Lacković-Grgin *et al.*, 1996). The role of social norms (e.g., normalisation of unemployment and changing female work-role attitudes in society) are also considered to impact on how graduates view their unemployment (Lacković-Grgin *et al.*, 1996; Schaufeli & VanYperen, 1992). These group and con-

text-specific factors are important considerations to help further our understanding of the complex relationship between unemployment and mental health in graduates.

Similarly, a more detailed examination of the nature of employment in Cassidy and Wright's (2008) study, which also focuses on underemployment – working in jobs below skill level – may also help to understand the nature of the relationship between unemployment and mental health in graduates. For example, Cassidy and Wright's (2008) findings that underemployment is often more detrimental than unemployment to the psychological health of graduates are in line with those of Winefield, Tigge-mann and Winefield (1991) who report the negative impact of entering employment incongruent with expectations and aspirations on psychological health.

Indeed this explanation may account for Cassidy's (1994) conflicting findings that unemployed graduates did not experience significantly greater psychological distress than their employed counterparts. It could be that employment that does not meet graduates' expectations or aspirations may be more psychologically distressing in the short-term than being unemployed and hopeful. This supports the notion that well-educated individuals have strong coping resources during unemployment (Warr, 1984). Hammer (1993) has also suggested that a powerful factor in young people's negative response to unemployment is if they harbour hopelessness and insecurity about their future life plans, including those that extended beyond work, such as settling down and starting a family.

Finally, Feather and Bond's (1983) study refines the examination of unemployment further by highlighting employment importance and use of time as important factors in how graduates cope with unemployment. Their findings that higher employment importance and poorer use of time are both associated with lower self-esteem and more depressive symptoms in unemployed graduates, however, are constrained by the cross-sectional design of their research. For example, it is not possible to elucidate if poor use of time is a precursor to unemployment, depression and loss of self-esteem, or a reflection of it. Being able to establish the causal relations among variables is one of the general limitations of cross-sectional quantitative research, which is discussed in more detail below.

## **2.5. Methodological Limitations of Quantitative Research into Unemployment and Mental Health**

This narrative review has presented the main quantitative research findings relating to the general relationship between unemployment and mental health, especially in a university graduate population. The explicit purpose of this work has been to demonstrate the presence of a causal relationship between unemployment and mental health, and to determine the direction of this relationship. However, these studies have been restricted in pursuing this goal because the subject matter under investigation is not amenable to study under strict experimental conditions using randomised methods, which are better equipped to ascertain causality.

These studies have therefore relied on quasi-experimental/correlational research designs using cross-sectional or longitudinal survey data in an attempt to ascertain the relevant causal mechanisms at work. The difficulty has been in eliminating all confounding factors, which threaten the validity of any causal inferences that are made by these studies, as this endeavour has been hampered by numerous methodological and statistical issues (e.g., lack of control groups, omitted relevant variables, small sample size, missing data, measurement error, etc.).

The issue is complicated further because of the hypothesised bi-directional relationship between unemployment and mental health. In this case, quantitative studies that use longitudinal (panel) data, which can examine time-related changes in mental health to see if they coincide with changes in employment status, are better able to assess causality than cross-sectional research that is only able to determine association and not causation.

Nevertheless, while the extensive quantitative research into the issue cannot provide a definitive answer, it has produced compelling evidence for a causal connection between unemployment and mental health. This work as a whole points towards the complexity and subtlety of the nature of this relationship. There is, however, a need for more extensive and longitudinal research, not just to clarify the bi-directional effects of the multiple interrelationships among variables related to unemployment and



mental health, but also to identify new variables and the relevant psychological factors that are involved. More specifically, there is a strong need to increase our understanding of how those people with pre-existing mental health issues are selected into unemployment, including: the role that mental health issues play in unemployment, their risks for longer-term unemployment, and their effects on people's ability to find and maintain employment.

A further criticism of the studies included in this review relates to their methodological basis in the dominant positivist (empiricist) paradigm. While this approach is useful and provides valuable insight into the nature of the relationship between unemployment and mental health, it does have its limitations. Positivist methods are reductionistic in their approach: they use survey-based quantitative measurements of post-facto outcomes, and group individuals and their experiences together in an attempt to establish cause and effect relationships between objectively-defined and pre-selected variables (Kerlinger, 1986). They also emphasise rationality in decision-making and behaviour, while underestimating affective and other non-rational influences, which are important features of lived experience (Smelser, 1998).

For these reasons, this literature only offers a partial and incomplete formulation of the psycho-social impact of unemployment on individuals. It does not sufficiently account for the wide variation in individual responses to unemployment, let alone capture the full complexity of the subjective and dynamic nature of the broader lived experience (and its meaning), as it unfolds over time in its social and cultural context (Gurney & Taylor, 1981; Pernice, 1996).

However, the use of a qualitative methodology, such as the phenomenological approach of this thesis, can address these limitations and complement ongoing quantitative research by enabling additional insight into the psychological processes that underlie the observed associations/correlates between unemployment and mental health (Harrist, 2006). It does so by generating in-depth and context-specific data in the form of personal accounts, which may help to identify new factors, or to disentangle and elucidate the insufficiently understood interactions of the multitude of cognitive,

social and behavioural factors that mediate the relationship between unemployment and mental health (Fryer, 1997; Pernice, 1996).

## **2.6. Chapter Summary**

In this chapter, I have presented a narrative review of the main quantitative research evidence relating to the nature of the relationship between unemployment and mental health, especially in a university graduate population. I have provided a critical examination of this literature and conducted a formal quality assessment of the selected work. This evidence provides strong support for the notion that unemployment is deleterious to mental health, and although evidence of this relationship in university graduates is sparse, there is some support for the general pattern found in other studies. My presentation of the empirically-derived pattern of associations between these phenomena therefore helps to provide an overarching context to my exploration of the qualitative research evidence in this area, which I present in the next chapter.

### **3.) Chapter Three: Unemployment and Common Mental Health Issues: A Review of the Qualitative Literature**

#### **3.1. Introduction**

In this chapter, I present an overview of the main qualitative research evidence relating to the nature of the relationship between unemployment and common mental health issues, especially in a university graduate population. I purposively broadened the nature of my review to include qualitative research from a range of methodological approaches, rather than limit my review to only those studies that were phenomenological in their approach, to provide a more comprehensive picture of what is known about the relationship between these phenomena. As with my review of the quantitative literature, my review of the qualitative evidence was also carried out in a systematic manner, and I start by describing this process below.

#### **3.2. Literature Review Process**

My review procedure included the same three stages that I used to review the quantitative literature, which were: **(1)** formulation of a review objective and inclusion criteria, **(2)** devising a search strategy, and **(3)** identification and selection of relevant literature. However, my focus on qualitative research meant that there were important differences to take into consideration and I describe these below.

##### **3.2.1. (1) Review Objective and Inclusion Criteria**

The purpose of my qualitative review was to provide an overview of the evidence that addresses the impact of unemployment and/or common mental health issues on individuals who experience it/these, with a particular focus on a university graduate population. This meant that I included evidence from a range of methodological

approaches (e.g., phenomenological, grounded and narrative methods), excluding discursive methods (e.g., Potter & Wetherell, 1987), as their underlying philosophical assumptions and the knowledge they seek to obtain are very different to the experiential focus of this thesis. My inclusion criteria were therefore framed more broadly to accommodate this diversity of approaches and include qualitative research designs that focus on experiences, meanings, narratives and themes relating to unemployment and common mental health issues, particularly in a university graduate population. See Table 3.1. below for a detailed specification of my choice of inclusion criteria.

**Table 3.1. Inclusion Criteria for Studies to be Included in Qualitative Review**

<b>Review objective?</b>	To provide an overview of the evidence that has addressed the impact of unemployment and/or common mental health issues on individuals who experience it/these, with a particular focus on the evidence in a university graduate population.
<b>Participants?</b>	Unemployed/employed/sick leave and those with/without (common) mental health issues; university graduates.
<b>Phenomena of interest?</b>	Experiences, meanings, narratives, themes relating to (un)employment and (common) mental health issues.
<b>Where?</b>	Unspecified; all locations and contexts.
<b>Study type?</b>	All qualitative methodological approaches except discursive methods.

### **3.2.2. (2) Search Strategy and (3) Identification and Selection of Relevant Literature**

The same resources, search and screening procedure used in my quantitative review were employed for my qualitative review, although there were some important differences. The inductive nature of qualitative research meant that my review objective might already have been partially addressed within a broader study that had

a different purpose (Boland, Cherry & Dickson, 2014), and so I had to be creative with my choice of search terms. Shaw *et al.* (2004) have also demonstrated the difficulty searching for relevant qualitative literature due to poor indexing by databases and no explicit identifiers for qualitative methodology.

In view of these issues, I devised generic and less precise search terms relating to qualitative research methodology. This meant that I retrieved a greater quantity of search results, but in doing so I increased the likelihood of identifying the relevant evidence. A full record of my search and screening process, including my search terms, search results and the number of papers retained from these searches can be found in Appendices I and II.

I retained a total of 150 papers from my searches, to which I had added a further 44 articles to my literature, which I identified from the reference lists of these papers. A brief survey of this work revealed that there is a substantial body of qualitative literature attached to both unemployment and common mental health issues, but little that addressed the co-existence of the two.

For example, I found that those studies exploring the psychological impact of unemployment mainly echo the quantitative findings described in the previous chapter, by also pointing to its deleterious and damaging consequences for mental health (Anaf *et al.*, 2013; Björklund *et al.*, 2014; Borgen & Amundson, 1987). There are also a multitude of studies that focus exclusively on the experience of living with common mental health issues. These include phenomenological studies of anxiety (Beck, 2013; Corr, 2011; Fischer, 2000; Hyde, 1980) and depression (Bürgy, 2008; Kayali & Iqbal, 2013; Ratcliffe, 2014; Schlimme, 2013; Serban, 1975; Slavik & Croake, 2006), or both anxiety and depression (Brown, Schulberg & Shear, 1996).

I found the dearth of research into the coexistence of unemployment and common mental health issues to be quite remarkable, given the striking number of similarities between the psychological effects of the two. For example, these include: decreased goal motivation and reduced activity, lethargy, apathy, feelings of inadequacy and lowered self-esteem or self-belief, rejection, shame, increased stress, helplessness

and hopelessness, uncertainty, low control over life, avoidance, social isolation, loneliness, and alienation from others, including the community. (Bertilsson *et al.*, 2013; Hyde, 1980; Ratcliffe, 2014; Rhodes & Smith, 2010; Waddell & Burton, 2006; Warr, 1984, 1987, 2007; Warr, Jackson & Banks, 1988).

Rather than address the relationship between unemployment and common mental health issues, the qualitative literature has instead focused on the process of recovery and (re)entry into work/employment from mental health-related sickness absence, known as the return-to-work process. Sickness absence, however, has been argued to be similar to unemployment in terms of the nature of its effects. They both involve marginalisation through a loss of work, which constitutes a disruption to normal day-to-day life, and although they represent different states with different reasons behind them, they are still thought to share common underlying features of the more general experience of worklessness (Ockander & Timpka, 2003).

In view of the strong focus on the return-to-work process, I further refined my examination of the original pool of 150 studies, and selected only those with a predominant focus on unemployment/worklessness that were the most apposite to the purposes of my review. I obtained the full-text papers of all eligible studies and then screened these according to my inclusion criteria to determine if they should proceed to the quality assessment stage.

This process led to 141 out of 150 studies being excluded due to one or more of several reasons, which include: (a) an insufficient focus on the experience of unemployment/worklessness (e.g., focusing too heavily on employment); (b) an insufficient focus on the unemployed individual's perspective (e.g., focusing too heavily on the perspective of employers, co-workers, family or the organisation/institution); (c) having adopted a theoretically-laden approach that frames the analysis of unemployment/mental health in a pre-conceived manner, thereby undermining the individual's perspective; (d) an analytic focus that operates at the organisational/institutional/policy-level perspective; (e) a focus on the interface/interrelationship between the unemployed individual/patient and the mental health/employment/community services; and (f) an insufficient or unclear focus on common mental health is-

sues relating to depression and anxiety (e.g., focusing on stress, burnout, fatigue and/or more severe mental health issues, such as schizophrenia and bipolar disorder).

I present a summary of the remaining nine studies and their key characteristics relevant to my inclusion criteria in Table 3.2. below. Although my purpose was to describe, rather than to meta-synthesise each of the studies' findings, I was still careful to explicate the methodological similarities and differences between studies, so that any comparisons between them could be made in a robust manner.

**Table 3.2. Key Characteristics of Selected Studies**

Study	Country	Focus of Study	Methodological Approach	Recruitment strategy	Participants/Setting	Data-collection and Time Frame
Bertilsson <i>et al.</i> (2013)	Sweden	Explore experiences (essence) of capacity to work in employed individuals who were anxious and depressed (CMDs)	Phenomenological using reflective lifeworld approach	Participants recruited through Swedish healthcare system and meetings at public health information centres  Screening interviews to check interested participants met inclusion criteria	17 participants (12 females, 5 males) aged between 30 and 62; Full-time work (n=12), part-time work (n=5); illness experience ranged from self-reported symptoms to clinical diagnosis	Focus groups held at a research facility. 3-6 participants per group session. Four sessions in total. Sessions lasted between 83-113 minutes
Björklund <i>et al.</i> (2015)	Finland	Describe young Finnish men's experiences of being unemployed and health outcomes	Qualitative content analysis	Participants were recruited through an unemployment center in a Finnish city	15 unemployed males aged between 18 and 27  Unemployment defined as being without paid work between 2 and 6 months	Individual interviews using structured, semi-structured and thematic open-ended questions  Interviews lasted between 25-55 minutes
Borgen, Hatch & Amundson (1990)	Canada	Descriptive study of university graduates' experiences of job search / unemployment and factors that may help or hinder coping during this period	A non-directive interviewing approach combined with a critical incident technique	Participants were registered with the University employment service and were randomly selected from a pool of volunteers	12 graduates, under the age of 25 (5 males, 7 females), unemployed for a minimum of 2.5 months. Interviews conducted on campus	Individual interviews – no other information given



<b>Study</b>	<b>Country</b>	<b>Focus of Study</b>	<b>Methodological Approach</b>	<b>Recruitment strategy</b>	<b>Participants/Setting</b>	<b>Data-collection and Time Frame</b>
Hillborg, Svensson & Danermark (2010)	Sweden	Reveal the meaning individuals with mental health issues ascribe to experiences of the rehabilitation process (for at least six months) for work integration	Hermeneutic approach and content analysis	Rehabilitation professionals working at a rehabilitation centre identified potential participants	8 participants (4 females, 4 males) aged between 19 and 52; with mostly depression. Sick leave/unemployed: 1.5-3 years	Individual interviews lasting 50-90 minutes; one participant interviewed over the phone
Holmgren & Ivanoff (2004)	Sweden	How women perceive their possibilities and obstacles to re-turn-to-work	Method not reported	Women participating in a cooperation project between a rehabilitation centre and the social insurance office	20 females (aged between 27 and 62 years old and wide differences in education and occupation) with work-related strain, diagnosed with burnout and psychological distress. Average sickness absence 93 days	Focus groups held at a rehabilitation centre in 2001. 3-6 participants per group session. Five sessions in total. Sessions lasted between 60-90 minutes
Millward, Lutte & Purvis (2005)	UK	Attitudes to work among individuals with clinical depression	Interpretative Phenomenological Analysis	Local advertising in primary healthcare centres, mental health day centres, word of mouth and vocational trainers	19 participants who were or had been off work >10 weeks; (13 females, 6 males aged between 28 and 52); off work (n=7), voluntary work (n=4), part-time work (n=1) full-time study (n=2) full-time work (n=5)	Semi-structured individual interviews lasting 20-60 minutes

Study	Country	Focus of Study	Methodological Approach	Recruitment strategy	Participants/Setting	Data-collection and Time Frame
Noordik <i>et al.</i> (2011)	The Netherlands	Describe the barriers and solutions to full return-to-work for individuals with CMDs and who had partially returned to work and still partially on sick leave	Grounded theory	Workers recruited by their own occupational physician	14 participants (10 females, 4 males) aged between 25-58 with stress, anxiety or depression. Wide differences in education and occupation. Average time to partial RTW: 4 months (range 1 day – 12.5 months); average duration of sick leave 8 months (range 3.5-14 months)	Semi-structured individual interviews lasting around 1 hour and conducted in 2006 and 2008
Saint-Arnaud, Saint-Jean & Demasse (2006)	Canada	Work reintegration process among civil servant employees absent from work due to CMDs	A version of grounded theory	Information flyers distributed by employee services, organisations and medical clinics	37 participants (25 females, 12 males) Age: 26-56 sickness absence: 1->12 months between 1998 and 2001	Individual interviews averaging 90 minutes. At time of interview, 23 of 37 participants had returned to work
Ståhl & Edvardsson Stiwne (2014)	Sweden	How sick leave narratives were related to return-to-work, job mobility or continued sick leave for individuals sick-listed with CMDs	Qualitative text analysis	Recruited through primary healthcare centres	8 participants (7 females, 1 male) Age: 30-57 Sick leave ranged between 1-18 months. CMDs: depression, anxiety, stress, burnout	Individual interviews: each participant interviewed twice (time 1: 2005/6; time 2: 2008/9)

### 3.3. Quality Assessment of Selected Studies

In line with the systematic nature of my review process, I made use of a formal checklist and criteria-based quality assessment tool to guide my evaluation of the selected literature, rather than use the less explicit process of an overall judgement approach (Dixon-Woods *et al.*, 2007). There is considerable debate about judging quality in qualitative research and the use of structured instruments to do so (Downe, 2008; Sandelowski & Barroso, 2007; Thomas & Harden, 2008).

For example, some researchers argue that the quality of the diverse range of methodological traditions in qualitative research should be assessed in accordance with their different and often contradictory ontological and epistemological assumptions (Buchanan, 1992; Sandelowski, Docherty & Emden, 1997), thereby making the task of comparing and contrasting different approaches arguably inappropriate or even impossible (Bryman, 2012; Madill, Jordan & Shirley, 2000). Other researchers, however, contend that there are general principles that can be used to investigate the reliability and validity of all qualitative research (Guba & Lincoln, 1994; Murphy *et al.*, 1998; Yardley, 2008); and, further, that the use of structured procedures enable a more rigorous use and reporting of analytical approaches, which improves quality (Seale & Silverman, 1997, Yardley, 2008).

Numerous generic quality assessment proposals and tools for qualitative research have been put forward (Dixon-Woods *et al.*, 2004). I selected the framework developed by the UK National Centre for Social Research (Spencer *et al.*, 2003) on the grounds that it was: (a) sufficiently generic to be of use to different qualitative traditions and theoretical approaches, and (b) it was comprehensive in its coverage of the key features and stages involved in qualitative research, without being too complex and lengthy. The framework was well-suited for my evaluation as it is not overly-prescriptive and its questions have been devised to serve as an aid to facilitate the user's judgement of the material to which it is applied (Spencer *et al.*, 2003).

The framework, which draws heavily on previously developed quality frameworks (Spencer *et al.*, 2003), comprises 18 questions, each of which are accompanied by a

series of quality indicators, which provide pointers to the type of information that might be considered when answering the questions. These are not intended to be exhaustive, nor do they represent essential requirements; rather they are meant to be indicative, and I used my own judgement when assessing their applicability to my own selected literature. The framework starts by addressing the findings first on the basis that the information given in this section leaves the researcher better placed to assess the other aspects of the research process, such as the quality of the data obtained and the logic of the analytic process (Spencer *et al.*, 2003).

The questions are grouped into nine sections, which relate to: (i) findings (e.g., credibility of findings, their generalisability and limitations); (ii) design (e.g., rationale for study design); (iii) sample/participants (e.g., description of participant characteristics, rationale for selection); (iv) data collection (e.g., description of data collection process, setting(s), tools used); (v) analysis (e.g., description of how analytic categories have been generated, sensitivity to participants' context); (vi) reporting (e.g., clarity and coherence, clear links between commentary/interpretation and original data); (vii) reflexivity and neutrality (e.g., reflectivity and reflexivity); (viii) ethics (e.g., evidence of following a professional/institutional code of conduct); and (ix) auditability (e.g., reproduction of study documents).

I made some slight alterations to the framework so that it befitted my purposes in this review. I removed one of the appraisal questions that specifically addresses the findings section of evaluation research, which is irrelevant for my purposes. I also adapted the questions so that they could be answered categorically using 'yes', 'somewhat' and 'no' response options. A 'yes' response indicated that the study met all quality indicators; 'somewhat' where these were partly met, and 'no' if they were not met at all. Rather than use the framework to establish a quality standard below which a study would be excluded, I used it as a means of gaining an understanding of the relative strengths and weaknesses of the available evidence, which helped to inform my overall assessment of the selected literature (Miller, Bonas & Dixon Woods, 2007; Noyes & Popay, 2007). For this reason, it was unnecessary in my assessment to assign my selected studies a total quality score. I present the findings of the quality assessment in Table 3.3. below, and the modified full version of

Spencer's *et al.* (2003) framework, including the 17 questions and their quality indicators, can be seen in Appendix III.

**Table 3.3. Results of Quality Assessment of Selected Studies**

APPRAISAL QUESTION	CRITERIA MET?								
	Bertilsson, et al. (2013)	Björklund, et al. (2015)	Borgen, Hatch & Amundson (1990)	Hillborg, Svensson & Danermark (2010)	Holmgren & Ivanoff (2004)	Millward, Lutte & Purvis (2005)	Noordik, et al. (2011)	Saint-Arnaud, Saint-Jean & Demasse (2006)	Ståhl & Edvardsson Stiwne (2014)
<b>FINDINGS</b>									
(1) Are the Findings credible?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(2) Has knowledge/understanding been extended by the re-search?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(3) Does the research address its original aims and purpose?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(4) Scope for drawing wider inference – has this been explained well?	Yes	No	Some-what	Yes	Yes	No	Yes	No	Yes
<b>DESIGN</b>									
(5) Is the research design defensible?	Yes	Yes	Some-what	Yes	Yes	Yes	Yes	Yes	Some-what
<b>SAMPLE/PARTICIPANTS</b>									
(6) Is the sample design/target selection of cases well defended?	Yes	Some-what	Some-what	Yes	Yes	Yes	Yes	Yes	Some-what
(7) Sample composition/case inclusion – is the eventual coverage described well?	Yes	Some-what	Some-what	Yes	Yes	Yes	Yes	Yes	Some-what
<b>DATA-COLLECTION</b>									
(8) Was the data-collection carried out well?	Yes	Yes	Some-what	Yes	Yes	Yes	Some-what	Yes	Yes

APPRAISAL QUESTION	CRITERIA MET?								
	Bertilsson, et al. (2013)	Björklund, et al. (2015)	Borgen, Hatch & Amundson (1990)	Hillborg, Svensson & Danermark (2010)	Holmgren & Ivanoff (2004)	Millward, Lutte & Purvis (2005)	Noordik, et al. (2011)	Saint-Arnaud, Saint-Jean & Demasse (2006)	Ståhl & Edvardsson Stiwe (2014)
<b>ANALYSIS</b>									
(9) Has the approach to, and formulation of, the analysis been conveyed well?	Some-what	Yes	Yes	Yes	No	Yes	Yes	Some-what	No
(10) Contexts of data sources – are they retained and portrayed well?	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
(11) Has diversity of perspective and content been explored well?	Yes	Yes	/	Yes	Yes	Yes	Yes	Yes	Yes
(12) Has detail, depth and complexity (i.e., richness) of the data been conveyed well?	Yes	Yes	/	Yes	Yes	Yes	Yes	Yes	Yes
<b>REPORTING</b>									
(13) Are the links between data, interpretation and conclusions clear – i.e. can the route to any conclusions be seen?	Yes	Yes	/	Yes	Yes	Yes	Yes	Yes	Some-what
(14) Is the reporting clear and coherent?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>REFLEXIVITY AND NEUTRALITY</b>									
(15) Are the assumptions/theoretical perspectives/values that have shaped the form and output of the research clear?	Some-what	Some-what	No	Yes	No	Yes	Yes	Some-what	No
<b>ETHICS</b>									
(16) Is there evidence of attention to ethical issues?	Yes	Yes	No	Yes	Yes	Yes	Some-what	Yes	Yes
<b>AUDITABILITY</b>									
(17) Has the research process been documented adequately?	Yes	Yes	No	Yes	Some-what	Yes	Yes	Yes	No

**Key:** '/' This criterion was not applicable to the study

The results of my quality assessment revealed that the overall standard of the selected studies was good, although their main weaknesses tended to cluster around details pertaining to their method and data analysis sections. For example, some studies would omit or provide vague details about their sample (i.e., how participants were recruited, and the relevant demographic details, such as participants' occupation, tenure and length of sickness absence or unemployment) and the content and delivery of their interview schedule.

A more general failing, which was common to all studies, is that they do not give sufficient consideration to their methodological approach and its underlying epistemological assumptions. For example, Borgen, Hatch and Amundson (1990) and Holmgren and Ivanoff (2004) fail to name the method that they used to analyse their data. In the case of Borgen, Hatch and Amundson's (1990) study, their “non-directive” interviewing style is only vaguely described as comprising “minimal helping comments” to counter researcher bias.

While all studies do describe their analytic procedures, these are somewhat cursory and aspects of the analysis are left unclear. Despite authors being constrained by strict word limits and perhaps a desire to allocate greater word space to the presentation of their findings, this dearth of detail made the task of making comparisons between the methodological similarities and differences of studies quite difficult.

For example, all but one of the studies state their methodology used a phenomenological/hermeneutic, content analysis, or grounded methods approach, which are all generally similar in terms of the knowledge that they seek to produce. The one exception to this is Ståhl and Edvardsson Stiivne's (2014) text analysis, which is more concerned with participants' use of language or narratives in constructing their experience, although this approach still produces knowledge that is compatible with the findings of the other studies.

### **3.4. Key Findings of Selected Studies**

In this section, I discuss the main findings of the selected studies. I start in Table 3.4. shown below, by providing a summary of the main findings of each of the studies, highlighting their main strengths and limitations, which have been established in my quality assessment above. This information is helpful in trying to account for any discrepancies in the findings reported in the literature.



**Table 3.4. Main Findings, Strengths and Limitations of Selected Studies**

Study	Main Findings	Strengths of Study	Limitations of Study
Bertilsson <i>et al.</i> (2013)	<p>The phenomenon of capacity to work comprised of nine constituent parts related to task, time, context and social interactions.</p> <p>The phenomenon entailed a lost familiarity with one's ordinary work performance (behaviours, emotions and physical responses) 'like being a guest in one's own working life' (p. 1707).</p> <p>Adopting a working facade and new time-consuming work practices to get through the day, to counter decreased work, concentration and organisational capacity</p> <p>Feelings of exposure in interpersonal encounters, and tiring nature of these</p> <p>Cutting down on leisure and social activities to have sufficient energy for work</p> <p>Invisibility of participants' mental health issues and reduced capacity to work was troublesome, as others had difficulty understanding their plight</p> <p>Phenomenon of capacity to work is distinguishable from symptoms</p>	<p>Identifies a new concept of work capacity</p> <p>Included individuals with broad range of CMDs</p> <p>Looks at actual experiences, rather than expectations and beliefs of those about to start or return to work</p>	<p>Few participants were young and male - who might have different experiences</p> <p>Did not distinguish between part-time and full-time participants in their responses in the analysis</p> <p>Mismatch between those participants with healthcare clinical diagnosis and those with self-report symptoms</p>
Björklund <i>et al.</i> (2015)	<p>Young men are strongly negatively affected by unemployment. They felt feelings of shame and guilt and a flight from reality</p> <p>They experienced poor time structure – spent nights awake and days asleep, boredom.</p> <p>Feeling uncomfortable being unemployed; financial worries, feeling a burden on society, not contributing to society, demotivated, failure and low self-esteem; loss of identity, meaning and purpose – feeling strong pressure to have a career and do something with their lives; engaged in destructive behaviour like drinking alcohol to excess</p>	<p>Male-oriented viewpoint of unemployment</p> <p>Demonstrates how even short-term unemployment can have a strong negative impact</p>	<p>No information given about participants' education or socio-economic/occupational status</p>

Study	Main Findings	Strengths of Study	Limitations of Study
Borgen, Hatch & Amundson (1990)	<p>Experience of unemployment could be divided into two distinct stages: a 'vacation period' and a 'downward trend', with each comprising of both positive and negative incidents. The 'vacation period', which lasted from roughly 3 weeks to 3.5 months, was a time of celebration and social activities. This period was characterised by four types of positive critical incidents (i.e., end of school work, the graduation ceremony, relaxation and trips) and three types of negative critical incidents (i.e., discouraging information, financial pressure, negative contact with the government employment agency). Towards the end of exams, participants were “full of high hopes” for their future</p> <p>Graduates were riding a wave of success and experienced only a small degree of financial and job search-related pressures during this time. Graduates reported first having the sense of “feeling unemployed” close to the date of graduation, although the positive aspects of the initial vacation period mitigated these feelings</p> <p>This generally positive period came to an end with their first experience of a significant negative event, which was often disillusionment with their job search, leading them to become disappointed or even depressed and feeling that they had been 'brought down to reality'. This 'downward trend' stage was characterised by feelings of pessimism, a more intensive job search and dramatic upward shifts in emotion (e.g., job interviews and job offers). It was associated with nine types of positive critical incidents (i.e., further education, financial support, social support, hobbies/involvement/activity, survival jobs, encouraging information, job interviews, job offers, positive expectations for the new year) and nine types of negative critical incidents (i.e., lack of social support, poor work opportunities, self-doubt or guilt, devalued university degree, nothing new available (jobs), stagnation or boredom, job rejections, no response from job applications, getting the run-around)</p> <p>During this trend, the pessimism resulting from the negative incidents seemed to overshadow the optimism experienced from the positive events</p>	<p>The study examines graduate unemployment from its beginning (after final exams), which is beneficial as it enables graduates' understanding of their unemployment experience from its very beginning to be documented</p> <p>Puts Flanagan's (1954) critical incident technique to good use; provides insightful account of the unemployment experience of university graduates</p>	<p>Sparse details of participants and methods (e.g., duration of interviews, audio-recorded or notes taken). Would be difficult to replicate as insufficient information was given about the content and delivery of the interview schedule</p> <p>Short duration of unemployment (around two months). Precise figures relating to the duration of unemployment were omitted, so that the differences among graduates in their length of unemployment could not be determined</p> <p>25 years old and before expansion of higher education in UK</p> <p>Findings condensed graduates' experiences of unemployment into incidents, and as such, there was no preservation of context or supplementary presentation of excerpts from graduates' accounts, which would have enhanced the study by permitting a consideration of its nuances and any differences or negative cases within the data</p>

Study	Main Findings	Strengths of Study	Limitations of Study
Hillborg, Svensson & Danermark (2010)	<p>Rehabilitation prognosis difficult to predict – a complex, diverse phenomenon that changes over time due to different factors involved in the process (i.e., individual, contextual and structural levels)</p> <p>Successful rehabilitation associated with extent to which support/activities are perceived as relevant and contributing to the achievement of the individual's goals</p> <p>Need to empower individuals and encourage their own active participation in rehabilitation</p>	Provides examples of how the content analysis worked (i.e., original meaning units were condensed into higher-order themes)	Small sample size and wide differences in participant demographics (e.g., age, diagnosis and life experiences) limits insights of the study
Holmgren & Ivanoff (2004)	<p>Three themes: losing control over one's life; difficulty finding alternative ways back to work; and mastering life as a whole – developing strategies to regain control over daily activities and life as a whole.</p> <p>Participants feared repeat of falling ill again; desire for sympathy and social support from employers and colleagues; need for job-related change to accommodate their issues; unsure of capacity to cope and meet work demands – lost confidence and self-esteem</p> <p>Strategies to regain control included: engaging in enjoyable and meaningful activities aligned with genuine interest unrelated to work; feeling of mastering one's own existence through regaining control of body functions – sleeping/eating/exercising properly; acceptance of their limitations and dissociating themselves from their situation; reflecting/learning from what has happened; formulate future goals and strategies to get there. Individual and environmental factors both play role in return-to-work (e.g., recapturing faith/confidence in themselves through positive feedback from the environment on their activities, which increases confidence etc.)</p>	Female-oriented viewpoint of sickness absence and return-to-work	<p>No participants representing lower socio-economic strata</p> <p>Study did not focus/capture the private domestic demands on women and impact of these on their work-related strain</p>

Study	Main Findings	Strengths of Study	Limitations of Study
Millward, Lutte & Purvis (2005)	<p>Participants viewed their mental health issues to be a fundamental part of their identity. Those who could extricate symptoms from themselves were more recovery-oriented and could envision a future life without depression. This difference was unrelated to severity of depression.</p> <p>'off work' identity – sick role – is sustained through interactions with others in an illness oriented context (e.g., healthcare system); lack of access to others in a non-illness context further compounds this effect</p> <p>Recovery and return to work can be unintentionally impeded by having their 'illness' reinforced by responses of others</p>	<p>Interpretative analysis produces a deeper insight into highlighting the self-handicapping process involved in adopting and sustaining an 'off work' identity</p>	<p>Participants who took part in study were generally feeling better and may not be representative of the target population</p> <p>Participants off work were recruited from same day centre, which may have contributed to creation/maintenance of the sick role mentality.</p>
Noordik <i>et al.</i> (2011)	<p>Main barriers to return-to-work included: inability to set limits of what they could cope with in demanding situations, recognise exhaustion and control cognitions/behaviour related to mental health issues (i.e., perfectionism); lack of confidence, positive attitude and low self-efficacy</p> <p>Successful return-to-work requires: Social support, understanding for their symptoms and decreased work capacity; help from employer to facilitate the implementation of personal solutions in adaptation to the workplace (e.g., gradual increase in workload)</p> <p>Positive/encouragement vital to communication in negotiating return-to-work</p> <p>An intention-behaviour gap exists between participants' solutions/intentions and implementation of these – need to address this gap by formulating ways to help individuals enact these solutions</p>	<p>Emphasises the social/cultural context (i.e., welfare/healthcare system) of study in its analysis and generalisability of findings</p>	<p>Possible bias in findings: Disproportionate number of females and workers with a moderate to high level of education</p> <p>Study only included participants who were confident of a full return-to-work</p>

Study	Main Findings	Strengths of Study	Limitations of Study
Saint-Arnaud, Saint-Jean & Demasse (2006)	<p>Key factors in successful return-to-work include: progressive/gradual return-to-work that accommodates individual needs with job demands; supportive environment from management and colleagues</p> <p>Fear of returning to work too soon and sought conditions conducive to successful reintegration into work; conflict between gradual return and maximising productivity</p> <p>Stigma and shame of having mental health issues; invisibility of illness and worry over the difficulty of others' understanding their issues</p>	Sought data from individuals who were at different stages of the return-to-work process (i.e., those who had returned to work and those who were preparing to return)	<p>Participants drawn from a single organisation, which limits generalisability</p> <p>Use of method/type of grounded theory not clear how relates to theoretical aims of study</p>
Ståhl & Edvardsson Stiwne (2014)	<p>Two types of narratives were identified: <b>restitutive</b> (focusing on recovery and return-to-work) <b>contingent</b> (focusing on managing the present)</p> <p><b>Restitutive</b> narrative associated with continuity, a return to work and normality, including the old sense of self or 'life as it was'. Viewed sick leave as a temporary disruption.</p> <p><b>Contingent</b> narratives are associated with a more open attitude to change and embracing a different life story where work relations are of less importance</p> <p>Invisibility of mental health issues affected their management of difficulties and relationship with others</p>	Narrative analysis highlights personal stories as a means of coping, dealing with sick leave and relationship with the self	<p>Small sample – mostly females who worked in social care professions (e.g., elderly care, social work, nursery school), which are over-represented by females and are associated with higher levels of sick leave</p> <p>Data-analysis process not documented and different authors carried out data-collection and data-analysis</p>

In general, the selected studies, described above in Table 3.4., focus on mental health-related sickness absence, return-to-work and the role of work/employment for people with common mental health issues. They provide many insights into the causal nature of the experience of worklessness and unemployment, which complements the quantitative literature described in Chapter Two; however, they provide a different philosophical and methodological basis for the validity of their claims.

The selected studies place less emphasis on demonstrating causal relations between unemployment/worklessness and mental health than the quantitative research. Their knowledge claims are more implicit in their analysis by making use of terms that imply causal relations, such as: 'influence', 'shape', 'impact' and 'lead to', although they tend to avoid terms, such as 'determine', which imply strong causality (Tamboukou & Ball, 2003) and undermine notions of free will and agency.

Despite being informed by different philosophical and theoretical traditions, qualitative research is generally critical of a 'strong' or deterministic notion of causality, which contends that external, objective and lawful processes determine our social realities. It has therefore adopted a less deterministic position: one that prioritises understanding and meaning, rather than explanation in terms of causes and effects. In this manner, the selected studies have instead focused on examining relations among social phenomena (Hammersley, 2008) through a process of interpretative, contextual and socio-political activity (Smith, Flowers & Larkin, 2009).

#### **3.4.1. Sickness Absence and Worklessness**

The literature indicates that the experience of sickness absence or worklessness with common mental health issues is dominated by three main themes, which are: **(1)** managing mental health-related issues **(2)** feeling uncomfortable with not working, and **(3)** a preoccupation with a return to normality and work, including a preparation to do so.

Evidence relating to the first theme **(1)** echoes the quantitative literature by demonstrating the strongly negative impact of worklessness for those individuals with common mental health issues. This impact includes: a loss of meaning and purpose, low self-worth and self-esteem, loss of contact with reality – such as a poor time structure (cf. Feather & Bond, 1983) – and reduced social connections, which increases feelings of social isolation (Björklund *et al.*, 2015).

There is also an ongoing struggle against the sense of losing control over one's life and the difficult task of regaining control – such as by developing strategies to regain some mastery over daily activities (Holmgren & Ivanoff, 2004). An important aspect to this struggle seems to involve the acceptance of any limitations, followed by a reflective appraisal of what has happened, as part of a broader attempt to formulate future goals and strategies to achieve them (Holmgren & Ivanoff, 2004).

The literature also highlights **(2)** a sense of feeling uncomfortable with not working, including the shame accompanying the stigma attached to having mental health issues (Saint-Arnaud, Saint-Jean & Demasse, 2006). There is a feeling of being a burden on society, and in addition to the financial strain of not working, there is a strong pressure to have a career and to do something with one's life (Björklund *et al.*, 2015). A complicating factor is the invisibility of mental health issues, which leads to worries over the difficulty of others' understanding of these issues (Bertilsson *et al.*, 2013; Saint-Arnaud, Saint-Jean & Demasse, 2006; Ståhl & Edvardsson Stiwne, 2014).

Finally, **(3)** the third theme suggests that the process of recovery and return-to-work is a complex and diverse phenomenon that involves a combination of different factors (i.e., individual, contextual and structural) (Hillborg, Svensson & Danermark, 2010; Holmgren & Ivanoff, 2004). The process of recovery is fraught with worry, fear, uncertainty, and also conflict, where a desire to get back to normal 'grates' against the demands of negotiating the present, as well as options to change and embrace a different career or lifestyle (Ståhl & Edvardsson Stiwne, 2014).

Most importantly, a successful recovery entails a recapturing of faith or self-confidence (Hillborg, Svensson & Danermark, 2010; Holmgren & Ivanoff, 2004). This

might be unintentionally impeded by having an 'illness' identity reinforced by institutional or individual responses (Millward, Lutte & Purvis, 2005). Other evidence suggests that individuals who can extricate symptoms from their identity are more recovery-oriented and can envision a future life without mental health issues (Millward, Lutte & Purvis, 2005).

### **3.4.2. Return-to-Work**

The return-to-work literature focuses on the work-related beliefs and approach of people whose common mental health issues inhibit their ability to return-to-work. This literature is mainly organised around the barriers and enablers to work/employment, which I discuss below.

Among the most significant impediments to work is the difficulty for people to estimate their ability and readiness to return to work. The decision to do so is complicated by the uncertainty of how well they should feel, the state of their symptoms, whether they would be able to cope with a full-time work role or not, and the fear that returning to work too soon would lead to a relapse (Holmgren & Ivanoff, 2004; Saint-Arnaud, Saint-Jean & Demasse, 2006).

Indeed the literature demonstrates that return-to-work or recovery expectation may impede return-to-work, where a low self-confidence, or efficacy, and doubts relating to capacity to meet job demands and adapt to the workplace (Noordik *et al.*, 2011; Millward, Lutte & Purvis, 2005) reduces the likelihood of a return-to-work (Holmgren & Ivanoff, 2004). In addition, Bertilsson *et al.* (2013) have similarly suggested that the phenomenological essence of 'capacity to work', for people with common mental health issues, entails a lost familiarity with one's ordinary work performance (e.g., behaviours, emotions and physical responses).

Given these concerns, there is a general desire for a progressive or gradual return-to-work (Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006). Workplace accommodation/adjustments are seen as an important part of this process. For example, these include: an adaptation of the job role/demands to meet individual re-



quirements/preferences (e.g., gradual increase in workload); improved communication and increased encouragement to succeed; and social support, sympathy and understanding of mental-health-related difficulties and decreased work capacity from employers/co-workers (Holmgren & Ivanoff, 2004; Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006). Low expectations that employers will make these necessary changes, reduces the likelihood of a return-to-work (Hillborg, Svensson & Danermark, 2010; Noordik *et al.*, 2011).

Other potential barriers to a return-to-work concern: the stigma of mental health issues and reluctance to disclose these in an employment context; negative experiences involving the social insurance/benefits' office, mental healthcare system or occupational health services (Hillborg, Svensson & Danermark, 2010; Millward, Lutte & Purvis, 2005), including a lack of control over decision-making relating to treatment, rehabilitation programmes, capacity to work and return-to-work, which increases anxiety and stress (Hillborg, Svensson & Danermark, 2010; Saint-Arnaud, Saint-Jean & Demasse, 2006).

### **3.4.3. Work/Employment and Mental Health Issues**

The selected literature also provides insights into how individuals manage their mental health issues at work, including the factors relating to job retention and the prevention of recurring episodes of mental health-related sickness absence. These findings are useful as they demonstrate the importance of work/employment to the continued recovery of those individuals with common mental health issues.

For example, although the nature and severity of symptoms (e.g., cognitive, emotional and interpersonal difficulties) may hamper an individual's capacity to engage in the workplace (e.g., exhaustion, poor concentration, poor memory, irritability, perfectionism) (Holmgren & Ivanoff, 2004; Noordik *et al.*, 2011), work/employment can provide a means of managing or coping with symptoms, while also facilitating recovery (Björklund *et al.*, 2015). However, strategies need to be adopted to help counter decreased work, concentration and organisational capacity, as well as to bal-

ance work demands and sacrifices (e.g., limiting social activities to have sufficient energy for work) (Bertilsson *et al.*, 2013).

On the whole, the literature suggests that the majority of individuals with common mental health issues would like to be able to work and consider it to be central to their recovery. The evidence seems to support the claim that positive and constructive work – given that the appropriate adjustments and accommodations are made – is beneficial and therapeutic to the mental health and well-being of those individuals with common mental health issues. Waddell and Burton (2006) and Secker, Grove and Seeböhm (2001) have similarly argued that the potential benefits of work outweigh its potential 'risks' and the negative impact of unemployment.

#### **3.4.4. Graduate Unemployment and Mental Health**

My search of the qualitative literature identified only one study that addresses issues relating to unemployed university graduates and common mental health issues. Interestingly, there is a multitude of qualitative research conducted into the mental health of university students, including postgraduate students (Aselton, 2012; Johnson, Batia & Haun, 2008; Knis-Matthews *et al.*, 2007), but almost nothing on the mental health of students once they graduate and leave university – a gap in the literature that is most probably accounted for by the convenience of student samples in research conducted at universities.

Borgen, Hatch and Amundson's (1990) study builds on the quantitative literature by examining the impact of unemployment on the lives of graduates from the very beginning (i.e., after final exams). Unfortunately, figures relating to the duration of graduates' unemployment are omitted, so the differences among them in their length of unemployment cannot be determined. Nevertheless, Borgen, Hatch and Amundson's (1990) study captures graduates' transition from university and into unemployment, including the actual moment where their 'honeymoon' period comes to an end. Graduates' initial optimism corresponds with Burke and Macdermid's (1999) find-

ings relating to their hopeful outlook regarding career and economic prospects, only for these to fade with the commencement of a 'downward trend'.

Interestingly, Borgen, Hatch and Amundson (1990) report that it may take a few months before the gloom of post-graduation unemployment sets in, along with the mundane reality of a prolonged job search and the shift to more negative emotions. This supports the notion that being a graduate provides some protective benefits to the impact of unemployment, which was described in Chapter Two (Hayes & Nutman, 1981).

### **3.5. Chapter Summary**

In this chapter, I have provided an overview of the main qualitative research evidence relating to the nature of the relationship between unemployment and common mental health issues. I have provided a critical examination of this literature and conducted a formal quality assessment of the selected work. There is a considerable dearth of research in this area, as the main focus is directed towards issues relating to mental health-related sickness absence and return-to-work. Similarly, there is almost no qualitative research in this area focusing on a university graduate population, although I did identify and critically appraise a study that investigates the impact of unemployment on university graduates.

While this work provides important insights into the broader experience of unemployment for those individuals with common mental health issues, it still leaves many unanswered questions relating to the day-to-day lived experience – including their struggles, fears, hopes – and the extent to which they can exercise control over the direction of their lives.

## A. PART ONE: Summary

In this first part, I have provided an introduction to the subject matter of this thesis. I have considered the broader context in which my work is set, by reviewing the empirical research literature that has investigated the nature of the relationship between unemployment and mental health. This has served to provide a useful background and has laid the foundation for my own work by demonstrating the dearth of both quantitative and qualitative research into unemployment and mental health in a university graduate population.

This means that the most salient and important factors in this population have yet to be identified (Hammersley & Atkinson, 1983). My choice of a qualitative approach that has an idiographic focus is therefore especially apposite, not least because of the preliminary or exploratory nature of my investigation, but, also, as an appropriate means to investigate the nature of the subject matter, as Swinburne (1981) notes: “... *learning about the consequences of unemployment entails understanding sensitive thoughts and feelings which do not lend themselves to survey techniques, hence the need for small sample in-depth studies.*” (p. 47).

My phenomenological examination of university graduates' sense-making of their lived-experience (of being unemployed with common mental health issues) should therefore serve as a useful starting point to better understand what they consider to be the barriers to entering employment. This might include the role that mental health issues play in their unemployment, the risks for longer-term unemployment and their ability to find and maintain employment.

The majority of research described in my literature review has, in the main, used mixed samples of participants who differ, sometimes markedly, in terms of their age, occupation, tenure and career stage, which risks a dilution or loss of a more nuanced understanding of their participants along these dimensions. The homogeneity of my sample, by contrast, with a focus on a specific group (i.e., university graduates – who are of a similar age, educational background, career stage and have all been diagnosed with common mental health issues) therefore provides an opportunity to

identify common themes, whilst also drawing out the subtle distinctions and variations in the experience of unemployment for these individuals.

I develop the rationale for my research by exploring these issues further in the next part of this thesis. Specifically, I consider my choice of methodology and the use of a phenomenological approach using IPA as a suitable method with which to tackle the subject matter.

## **B. PART TWO: METHOD**

The second part of this thesis focuses on my methodology, method and data-analysis process. In **Chapter Four** I consider my methodological approach by discussing the theoretical background and objectives of IPA, its epistemological issues, and my rationale for adopting a qualitative and phenomenological approach using IPA. **Chapter Five** focuses on my method and data-analysis. I start by describing the key decisions that I have made relating to the design of my research and the rationale behind these. This includes a consideration of the formulation of the research question, participant and sampling issues, the development of the topic guide and my approach to the interview process. I then go on to provide a step-by-step account of how participants' data were analysed and the techniques that I have used to produce my findings.

## **4. Chapter Four: Methodological Approach**

### **4.1. Introduction**

In this chapter, I provide an explanatory account of my methodological approach. I start in Section One by discussing the theoretical background and objectives of IPA, which has drawn together a unique combination of phenomenological, hermeneutic and idiographic tenets into a distinct methodological mode of enquiry towards conducting qualitative psychological research. IPA is situated within a broader framework of debate within the philosophy of science and these issues have important and wide-ranging implications for how my research was conducted, what knowledge claims can be made and the scientificity or validity of my work as a whole.

In the second section of this chapter, I provide an overview of these epistemological issues and clearly demarcate the philosophical position of this thesis in relation to these by explicating the underlying assumptions that I have made. My understanding of these issues was important for my choice of methodological approach, and in the third and final section of this chapter, I explain my rationale for adopting a qualitative and phenomenological approach using IPA, which I discuss in relation to the alternative approaches to conducting qualitative psychological research.

### **4.2. Section One: IPA: A Theoretical and Methodological Overview**

#### **4.2.1. The Inauguration of IPA**

IPA originated within the discipline of Psychology in the mid-1990s by Jonathan Smith (Smith, 1996). Smith was concerned that the dominant positivist and quantitative methodology, despite its success, restricted the discipline from

embracing the full-scope of its subject-matter. He therefore argued for a broader and more inclusive psychology that was experiential as well as experimental in its enquiry (Smith, 1996). To achieve this, Smith sought a more pluralist psychology in its methodological approach, but also one that was in greater concordance with itself and that valued a healthy diversity of approaches to a shared subject-matter. Each approach and its methods would inform and complement the others; rather than a privileging of one approach and its knowledge claims over the others, or viewing the different approaches to be essentially incompatible with each other (Smith, 1996).

From this perspective, Smith (1996) set about developing a methodological approach, specifically with psychological research in mind, that would explicitly capture and permit the systematic analysis of the qualitative aspects to human lived-experience – something that could not be achieved using a positivist approach. Although IPA was initially oriented towards health psychology, it has successfully been applied to other areas of psychology and also cognate disciplines in the social and health sciences (Smith, Flowers & Larkin, 2009). Its core objective is to provide an in-depth interpreted account of a participant's reflected experience of a given phenomenon in a given context. This purpose has meant that IPA has established theoretical roots in the areas of phenomenology, hermeneutics and idiography.

IPA represents an attempt to operationalise these three theoretical concerns by selectively drawing on some of their key concepts and weaving them together into a philosophically coherent, but also empirical qualitative approach to experiential research (Shinebourne, 2011). I explore the main ideas and debates relating to phenomenology, hermeneutics and idiography that are pertinent to IPA below.

#### **4.2.2. The Philosophical Movement of Phenomenology**

Arguably the most important legacy of phenomenology on western intellectual thought has been to emphasise the role of subjective experience in any pursuit of knowledge (Moran, 2000). In this sense, phenomenology offers a critique of the



dominant naturalistic and positivist view of the world, which deliberately omits human consciousness in this knowledge-gathering process (Husserl, 1927, 1970). The philosophical movement known as phenomenology is widely regarded to have commenced with the work of Edmund Husserl (1859-1938) in the early 20th century. The project has been advanced by a small group of thinkers, each having very different ideas of what phenomenology is and how it should be carried out. It is therefore not a unified, coherent and clearly-defined body of philosophical thought, and is best characterised as a practice rather than as a formalised theoretical system with clearly defined principles (Moran, 2000).

Despite this ambiguity, there are clear commonalities in thought among these thinkers and they all share a mutual concern with human experience; that is, what it is like to be human and what our experiences of the world are like (Smith, Flowers & Larkin, 2009). In an attempt to examine and answer these questions, phenomenology emphasises the study of direct experience by focusing on how the world around us appears to consciousness (as experienced) in its own terms and the meaning that it may have for us (Moran, 2000).

The development of phenomenological thinking was clearly influenced by the philosophical tradition of idealism, as it was articulated by leading philosophers in the 19th century (e.g., Kant, Hegel and Schopenhauer). This position claims that reality exists only in the form of mind-dependent ideas, rather than being of something material or physical in nature (Moran, 2000). Reality is therefore something to be located in the mind or within conscious experience. In other words, our conscious experience is only an internal representation of reality, and so idealists are sceptical about the possibility of knowing a reality outside of conscious experience because we can only know of that which we can experience (Moran, 2000).

The phenomenological approach has similarly argued that reality should be thought of as the contents of experience, rather than as something that is pre-supposed, hypothetical and un-experiencable (Husserl, 1927, 1970). However, phenomenology

deviates away from a purely idealist stance – which is seen to detach the individual from the world – and instead takes a more realist position by arguing that we actively and directly engage with the world; that is, objects are not a phenomenon of mind, but are directly grasped by consciousness (Moran, 2000).

#### **4.2.3. Husserl's Phenomenology and IPA**

Husserl (1927, 1970) located the primary reality in consciousness by considering it to be the most fundamental and basic condition of all experience, and therefore the source of all knowledge, since this is mediated through experience. He disagreed with the positivist conception of experience as the product of clearly-defined and discrete variables operating in cause and effect relationships; choosing instead to frame experience as something existing as a network of interrelated meanings – the sum of which constituting an individual's 'life-world'. For Husserl, the meaning of an object in conscious experience therefore depends on its 'horizon' or connections to this 'life-world'.

Husserl (1927, 1970) argued that we should begin our investigation of the world with 'the things themselves', which means phenomena as they appear to consciousness, rather than postulate that there is something more fundamental than experience itself. In IPA research 'the things themselves' is the lived-experience of another individual within the context in which it takes place. IPA therefore privileges the sense-making and meaning that a particular phenomenon or experience has for an individual, rather than attempt to produce an objective account of the phenomenon itself (Smith, Flowers & Larkin, 2009).

Husserl (1927, 1970) also criticised metaphysical speculation and extant positivist scientific accounts of the world for their generalisations and abstract concepts, which in his view, were far-removed and not adequately rooted in experience. He believed that both consciousness and subjectivity must be viewed as inextricably part of the process through which objectivity is attained. IPA has embraced this viewpoint by

recognising the necessity of subjective and interpretative acts in approaching or grasping an objective reality (Smith, Flowers & Larkin, 2009).

A further idea of Husserl's (1927, 1970) that has been incorporated into IPA's approach is how our capacity to scrutinise the structure and content of our own conscious experience, as it is given to us, is hindered by our engagement with our experience of everyday life. In everyday life, for example, we tend to focus on the objects themselves, rather than on the mental experience of those objects. He termed this frame-of-mind the 'natural attitude' and it relates to our tendency to make assumptions or to fit things into a pre-existing conceptual structure. For Husserl, a 'pure' phenomenological attitude or approach to viewing the world would mean that all interpretation or explanation of a given phenomenon would be suspended until it has been understood as it appears in consciousness. This process therefore requires putting aside or 'bracketing' the natural attitude, which assumes the existence of the world. Husserl stressed that this does not necessarily mean to be unconscious of these orienting ideas, but rather the aim is to not engage with them.

These reflective mental processes and 'bracketing' are central components to IPA's methodological approach, although there are crucial differences in their application. Smith (2007) contends that Husserl's notion of 'bracketing' prevents a phenomenon from being properly interpreted or understood, and so there is no formal attempt to set personal biases aside during an IPA analysis. IPA researchers instead engage with their participants' accounts immediately whilst maintaining an explicit awareness of their own preconceptions, experience and knowledge, making sure to critically consider and document its influence on their findings and on the research process in general (Smith, 2007). Yardley (2008) has commented that this ongoing reflexive and critical evaluation is conducive to effective and rigorous qualitative research.

#### **4.2.4. Extending the Phenomenological Project**

Other thinkers including, most notably, Martin Heidegger (1889-1976), Maurice Merleau-Ponty (1908-1961) and Jean-Paul Sartre (1905-1980) extended the

phenomenological project. These thinkers moved away from Husserl's methodological concerns relating to the systematic examination of our perceptions and experiences, and directed their enquiry towards a broader consideration of the ontological question of the nature of being and existence (Moran, 2000). In doing so, they developed a more hermeneutic and existential, or worldly phenomenological philosophy, which highlighted the situational, embodied, affective and moral dimensions to experience (Smith, Flowers & Larkin, 2009). These ideas have also had an important bearing on IPA and its subject matter.

Heidegger (1962/1927), for example, thought that the ontological question of being was less interested in why we exist than it was with how we exist and to what end. He conceived of our being or existence in the world as something that is always inseparably related to, or engaged with, the world of people and objects. He therefore emphasised its multi-faceted nature: the contextual, situational and temporal aspects of our relationship with the world. IPA shares Heidegger's concern with how we exist and has offered significant and interesting insights into how (and also why) we immerse ourselves in the world around us (Smith, Flowers & Larkin, 2009).

IPA's focus on the lived-experience of significant life events and transitions provides insights into the more existential, moral and dilemmatic facets of our experiences (Smith & Osborn, 2008). The approach also highlights the significance and importance of our interpersonal relationships for our understandings in a range of different social contexts (Flowers *et al.*, 1997; Hunt & Smith, 2004; Smith, 1999a, 1999b). For example, IPA research has focused on subject matter that raises issues to do with the embodied nature of experience (Smith, 2011), and has sought a deeper understanding of what it is like to experience physical disability, illness and change (Smith, Flowers & Osborn, 1997). It has done so by highlighting the complex and dynamic relationship among our emotions, cognitions and physical selves, and of these to the world around us (e.g., Larkin, Eatough & Osborn, 2011; Osborn & Smith, 2006).

#### 4.2.5. IPA's Hermeneutic Roots

Hermeneutics is the study of the theory of interpretation and attempts to understand the method through which something is “brought to understanding - is interpreted” (Palmer, 1969, p.14). IPA's interpretivist methodology means that the nature and role of the interpretative process is central to its approach and objectives, and the further development of our understanding of how it works is an on-going question (Smith, Flowers & Larkin, 2009).

Heidegger (1962/1927) departed from Husserl's purely descriptive phenomenology and argued for a more hermeneutic or interpretative phenomenology, suggesting that it might not be possible to describe the world without interpreting it first. For example, he surmised that the appearance of 'the things themselves' or phenomena sometimes entails a dual function: they have both a visible and superficial meaning, but also a deeper, hidden one, which is concealed and not immediately apparent.

Heidegger (1962/1927) therefore thought that in order for phenomenological enquiry to meet its aim of examining phenomena as they appear to us, an interpretative stance was necessary, so that the meaning of the phenomena could be brought out of itself and properly understood. IPA also shares Heidegger's emphasis on the dual nature of the appearance of phenomena, and acknowledges that the interpretative detective work of the researcher is central to facilitating or revealing participants' meanings, which might not be ostensibly apparent or clear (Pringle *et al.*, 2011; Smith, Flowers & Larkin, 2009).

Heidegger's (1962/1927) notion of 'appearing' also raises the question of who has interpretative authority over the meaning of what is said or written. Jacques Derrida (as cited in Sarup, 1993), for example, has argued that all text contains ambiguity and 'undecidability', which permits manifold competing interpretations, so that a final and authoritative one is impossible, regardless of the author's original intent. However, Smith, Flowers and Larkin (2009) have suggested that a detailed and systematic IPA study that draws on previous experience and psychological knowledge, while taking care to place any interpretations into the context of the broader data-set, might be

able to produce further insight into a participant's experience. This does not necessarily grant IPA researchers the right to automatically claim that their interpretation has a greater truth or authority than the claims of their participants; however, by virtue of being from this other perspective, it may help to clarify or even build on participants' accounts, including elucidating aspects that had previously been unknown to them (Smith, Flowers & Larkin, 2009).

#### **4.2.6. IPA's Interpretative Stance**

The articulation of the nature and role of interpretation in IPA has been strongly influenced by hermeneutic theory (Smith & Osborn, 2008). IPA posits that the researcher's active and interpretative role is central to understanding the meanings that participants ascribe to their experience. This entails a 'double-hermeneutic' or second-order interpretative process where the researcher attempts to interpret the participants' sense-making of their own experience (Smith, 2004).

IPA's interpretative stance has also been influenced strongly by the hermeneutics of Ricoeur (1970). He distinguished between two different types of hermeneutic or interpretative activity: an empathic hermeneutics, which seeks to reconstruct the lived-experience of individuals from their own point-of-view; and a hermeneutics of 'suspicion', which constitutes a more independently-minded and interrogative stance, aiming to make sense of the lived-experience of individuals from 'outside' their perspective. This 'suspicion', for example, might involve attempting to reveal alternative meanings that may challenge the surface-level account, perhaps by invoking a pre-existing theoretical perspective to facilitate this process (Smith & Osborn, 2008).

IPA has similarly incorporated an empathic hermeneutic stance, which is crucial to the interpretative endeavour, by enabling access to what other people have experienced and to understand their perspectives (Smith, Flowers & Larkin, 2009). Moreover, the empathic frame of mind permits the assessment of claims to truth and enhances confidence in the validity of any knowledge claims and judgements that are made (Hermberg, 2006).

IPA combines this empathic stance with a curious and questioning stance that is less suspicious, challenging and judgemental in its approach than Ricoeur's hermeneutics. IPA instead uses a gentle probing in order to deepen the analysis, thereby facilitating the ability of participants to convey their experience (Smith, Flowers & Larkin, 2009). This questioning hermeneutics differs from Ricoeur's conception, as it always remains 'inside' the participants' literal accounts of their experience. This might, for example, involve providing an interpretation that detects something in participants' accounts that was quite unintended and unknown to them (Smith, Flowers & Larkin, 2009).

IPA's hermeneutic stance therefore embraces a seemingly contradictory dual stance as a researcher's previous knowledge and understanding are simultaneously being suppressed, but are also being used to understand and make sense of participants' accounts (Smith, Flowers & Larkin, 2009). This illustrates the complex nature of 'bracketing' in IPA, which involves a complex interplay of both inductive and deductive reasoning processes. On the one hand, IPA researchers need to be able to detach themselves from their participants' accounts, but, on the other hand, they also need to immerse and involve themselves in their participants' accounts (Finlay, 2008). A reliable interpretation in IPA therefore depends on researchers 'bracketing' their beliefs, values and knowledge at the right times, making sure that the findings have emerged from the data, rather than from the researcher's own mind (Smith & Osborn, 2008).

#### **4.2.7. IPA and Idiography**

The third theoretical base touched upon by IPA is idiography, which is concerned with the particular (Smith, Flowers & Larkin, 2009). IPA adopts an idiographic level of analysis because it provides a detailed and systematic analysis of a participant's account in his or her own context, by focusing on the meaning of specific instances of experience (Smith, Flowers & Larkin, 2009). This approach stands in opposition to a nomothetic approach, which is the tendency to generalise by emphasising the

analysis of aggregated group data, testing theories and the formulation of laws to explain phenomena (Smith, Flowers & Larkin, 2009). In this sense, the nomothetic and idiographic positions involve a trade-off: nomothetic generalisations from large amounts of data produce a reductionist account that diminishes the uniqueness and complexity of individuals (Lamiell, 1987); whereas a more idiographic and specialised focus on particular instances will lack explanatory power and the capacity to make more general claims (Smith, Flowers & Larkin, 2009).

However, the idiographic-nomothetic distinction, and the concepts of the particular and the general, are perhaps not as oppositional as they would first appear to be. For example, Galton, 1883 (as cited in Allport, 1951) has remarked that a grasp of the particular is the basis for all knowledge in any sphere of human endeavour, as any general claim has to, in some form, capture and honour the particular. Sloman (1976) and Warnock (1987) have similarly observed that a deeper examination of the particular may lead to capturing aspects of our experiences that are universal to us all. In this sense, the two approaches share the same objective of generating knowledge of the world, but differ in their approach with an idiographic stance locating the general in the particular.

In this manner, an IPA study, with its idiographic focus, may be used to highlight the individual and the subjective nature of specific instances of experience, drawing out its underlying and more fundamental aspects common to us all. These insights may then be used to engage with the results of nomothetic approaches, perhaps by making tentative claims about the limits or scope of a particular theory (Smith, Flowers & Larkin, 2009).

#### **4.2.8. Section Summary**

In the first section of this chapter, I have discussed how IPA combines phenomenological, hermeneutic and idiographic tenets into a unique approach towards conducting qualitative psychological research. These three perspectives are the central components of any IPA study and are the dominant concerns around



which the treatment of the subject matter in this thesis will revolve. IPA is situated within a broader framework of debate within the philosophy of science and these issues have important and wide-ranging implications for the scientific integrity of my work as a whole. In the second section of this chapter, I therefore provide an overview of these epistemological issues and clearly demarcate the philosophical position of this thesis in relation to these by explicating the underlying assumptions that I have made.

## **4.3. Section Two: Epistemological Issues**

### **4.3.1. Introduction**

Given the broad nature of the subject matter of this thesis, there was a wide-range of methodological approaches that were suitable for its investigation. However, these approaches have different research purposes and make different knowledge claims, as they have been informed by underlying commitments to fundamental issues relating to the philosophy of science. My use of IPA in this thesis has meant that I have taken a particular position in relation to these philosophical issues, and in order to provide a clear rationale for my choice of approach, it is necessary to provide an overview of the broader framework of ideas in which my work is set. It is important to be explicit about the epistemological assumptions that I have made, and their strengths and weaknesses, because they have informed how my research was carried out, including: how the research question was framed, how participants' data should be viewed, and how to appropriately judge the validity of my findings.

### **4.3.2. The Philosophy of Science Debate**

A foundational issue in the philosophy of science, which is particularly pertinent to qualitative research, is the ontological question concerning what exists and how it exists (i.e., the nature of reality and being) (Bryman, 2012). Based on one's

ontological stance, epistemological questions may be asked about what we can know about what exists, what constitutes knowledge and how might this be acquired (Bryman, 2012). A researcher's stance on these issues may be said to constitute a particular world-view or paradigm, which informs the choice of an appropriate methodological approach and its associated methods for investigating and obtaining knowledge of the world (Bryman, 2012).

There are manifold positions and approaches to these questions, and each one has important implications for what science is and how it should be done (Bryman, 2012). For example, it is debated if there is a single, external and objective 'real' world that is detached from, and independent of, our apprehension (e.g., sense perceptions, cognition, interpretation, language, etc.) of it; or is reality constructed subjectively in our act of apprehending it (Sarup, 1993). There are two polarised positions in relation to this question, divided into realist or modernist and constructivist or postmodernist, although there are manifold positions within these two extremes.

#### **4.3.3. The Realist Approach to Reality and Knowledge**

At one end of this continuum, a form of realism known as naive or common-sense realism simply contends that there is a single 'real' world that we can apprehend directly as it really is; that is, correctly (Bryman, 2012). This position, which is taken for granted in the natural sciences, underlies the positivist or quantitative methodological approach to social science (Bryman, 2012). It assumes that humans are also part of the natural world and that mental and social phenomena are events taking place in this natural 'real' world. These processes can therefore be broken down into 'objective' variables and can then be understood and explained in terms of causes and effects (Bryman, 2012).

#### **4.3.4. The Constructivist Approach to Reality and Knowledge**

The realist approach has been significantly undermined by postmodern epistemological positions, which may be loosely categorised under the banner 'constructivist' (Bryman, 2012). Constructivism challenges realism's assumption of an external 'real' world and its implicit belief in the ontological primacy of this reality. For example, the approach claims that it is impossible to separate the observer from the object and so there can be no observer-independent reality or knowledge. In this view, objectivity is deemed impossible; all observation is theory-laden because we may only grasp the world through a process of subjective interpretation (Bryman, 2012).

Constructivist approaches go on to claim that all human activity is inherently meaningful. That is, we all actively construct our own frameworks to understand the world and these may be shaped by a combination of contextual, linguistic, social, cultural and political factors (Raskin, 2002). In this sense, knowledge is to be regarded as a human construct that is relative and context-dependent, rather than something that is an absolute and objectively 'out there' waiting to be discovered (Raskin, 2002). By removing the gap between us and the world as a pre-existing external reality, constructivist approaches also cast serious doubt over our capacity to know anything about a 'real' world with any certainty (Bryman, 2012). This particular line of thought has spawned a range of alternative 'critical' approaches and methodologies, broadly categorised as 'interpretivist', which challenge the dominance of the positivist model of scientific enquiry (Raskin, 2002).

#### **4.3.5. Critical Realism as a 'Third Way' Approach and IPA**

The central philosophical debate, as outlined above, depicts the realist and constructivist positions as seemingly contradictory and incommensurate with each other. However, there is a post-positivist middle-ground position known as critical realism (Bhaskar, 1998), which offers a feasible approach towards tackling the current philosophical impasse by assimilating the two polarities. Critical realists, in

essence, assert that there is an objective reality external to our apprehension of it that can be known, but we are hindered in our ability to know that reality completely (or directly) and with certainty, because our perceptual and conceptual apparatus is imperfect and selective. We may therefore approach reality with caution: some of our sense-perceptions and conceptual structures can and do represent reality, while others may represent reality to a lesser extent or not at all (Bhaskar, 1998).

IPA has been associated with critical realist philosophy (Fade, 2004) because it charts a middle way through the objectivist-subjectivist, realist-constructivist and positivist-interpretivist polarities. It adopts the stance that the researcher-participant relationship is rooted in a single reality shared by both, but is also shaped by an ongoing process of subjective interpretation and construction (Smith, Flowers & Larkin, 2009). This stance can be clearly demonstrated by considering IPA's position in relation to the realist-positivist and constructivist-interpretivist paradigms.

#### **4.3.6. The Realist-Positivist Approach and IPA**

IPA aligns itself with the dominant positivist approach of mainstream psychology by sharing two axioms of the realist viewpoint. Firstly, that our cognitions (e.g., beliefs, attitudes, intentions) and other mental processes are 'real' and are part of the natural world; and secondly, that we can study these objectively 'real' patterns and processes, against which we can assess the quality and validity of our interpretations and understandings (Smith, Flowers & Larkin, 2009). However, IPA's view of cognition differs from the positivist mainstream by conceiving it to be dynamic and multidimensional in nature, having interrelated reflective and interpretative features of sense-making and meaning (Pringle *et al.*, 2011). In this mould, IPA research highlights the relational, affective, moral and existential aspects of our experiences, which can be best understood when seen as a totality, or whole, and in the context in which they occur (Smith, Flowers & Larkin, 2009).

These types of cognitive processes cannot be adequately captured by the positivist experimental approach, which excludes the complexity of understanding the content

and meaning of thoughts altogether. The positivist approach adopts a reductionist stance, which views cognitive processes to be discrete and isolated functions, clearly demarcating these from the emotions, and seeking explanations of our experiences in cause-and-effect terms (Smith, 1996).

IPA's phenomenological stance, by contrast, is critical of the positivist claim that external and lawful processes determine our social realities. It contends that our understandings should be examined in terms of perceptions and meanings (whether idiosyncratically or socially constructed) with the objective to grasp a particular point-of-view (Smith, 2004). It therefore prioritises understanding and meaning, and is less concerned with the status that those meanings have (i.e., if they have an independent existence beyond our understanding), or with the pursuit of the 'discovery' of objective facts (e.g., causal mechanisms) relating to experience (Smith, Flowers & Larkin, 2009).

Based on these different aims and perspectives towards cognition, the two approaches have very different modes of inquiry. The mainstream experimental approach infers cognitive processes from behavioural responses, while IPA seeks to infer underlying cognitive processes from participants' retrospective verbal accounts of their experience (Smith, 1996). Each approach therefore produces different knowledge claims about the same underlying cognitive processes (Smith, Flowers & Larkin, 2009).

Nevertheless, the two approaches do share overlapping concerns, and it should be possible for the two approaches to complement one another. Attitudes, beliefs and behaviour are all phenomena that involve creating meanings, and these can be investigated by combining both types of approach (Smith, Flowers & Larkin, 2009). For example, an experiential IPA account of the meaning of a particular experience for a group of people can be examined in relation to extant mainstream theories derived from experimental methods (Smith, Flowers & Larkin, 2009).

#### **4.3.7. The Constructivist-Interpretivist Approach and IPA**

Constructivist theoretical and methodological traditions hold different epistemological positions depending on the extent of their leaning towards a constructivist world-view; that is, their position on the existence of an external and independent reality, and if it is possible to objectively represent such a reality (Gergen, 1991). IPA has drawn extensively on symbolic interactionism and social constructionism, which also both emphasise the constructive nature of experience and meaning-making processes (Smith, Flowers & Larkin, 2009). They therefore merit a closer consideration in relation to IPA's epistemological approach.

#### **4.3.8. Symbolic Interactionism and IPA**

The symbolic interactionist approach (Mead, 1934) contends that our understanding of the world is attained through 'symbolic' meaning-making acts, which are continually being co-created and modified through a process of social and interpretative activity (Blumer, 1969; Denzin & Lincoln, 2003). In this vein, IPA also adopts a constructivist stance: viewing us as interpreters and sense-makers of the world around us, who are shaped, in part, by pre-existing social and cultural structures (e.g., language, social relationships and institutions) (Smith & Osborn, 2008). However, consonant with its middle ground epistemological position, IPA has moved away from a more deterministic viewpoint by asserting that these structures have themselves been socially constructed, and so not only can these be re-worked, we are also capable of creating new and unique meanings using our own individual agency (Smith, Flowers & Larkin, 2009).

#### **4.3.9. Constructivism, Social Constructionism and IPA**

Following on from symbolic interactionism, a related thread of thought that is also rooted in a relativist and subjectivist framework is social constructionism. The term social constructionism is distinguished in meaning from constructivism by its

disagreement over the nature of the meaning-making process. It criticises constructivism's emphasis on the individual and the rational (Raskin, 2002), claiming that this has diminished the role of social and linguistic processes in our understanding of the world (Stam, 1998).

Social constructionist viewpoints (e.g., Berger & Luckmann, 1966) have argued that social reality and its meanings are continually being created and maintained (or revised) in social contexts. These meanings or social constructs are contingent on us (i.e., our understanding and agreement) for their existence, rather than on any characteristics intrinsic to themselves. Socially constructed accounts are therefore only one of many possible versions of reality, and so our knowledge of the world can be only relative and indeterminate (Bryman, 2012). IPA has similarly embraced the importance of our social context and relations as fundamental and inescapable features of our existence, but in line with its middle ground position, it has distanced itself from the stronger social constructionist viewpoints that eschew an external and pre-existing reality altogether (Smith, Flowers & Larkin, 2009).

#### **4.3.10. Language and the 'Linguistic Turn'**

A further and important strain of constructivist thought that has had a significant impact on IPA has been what is known as the linguistic turn, which developed from the ideas of philosophers, such as Ludwig Wittgenstein, Jacques Derrida and Michel Foucault throughout the 20<sup>th</sup> Century (Sarup, 1993). In this viewpoint, our apprehension of the world and our interaction with it is inescapably mediated through language. Furthermore, language not only constitutes or shapes our reality and our experiences, but we are also determined and limited by it (Sarup, 1993). More specifically, these theorists reasoned that our perceptions and understanding of the world are apprehended through thought, which in turn, is dependent on language; however, because all language is a convention that has been socially constructed, these linguistic constructions therefore shape or even determine our apprehension of the world (Sarup, 1993).

This approach applied to psychological research asserts that the prime reality is to be located in language or discourse, thereby questioning the modernist view of language as simply a neutral tool that allows us to unambiguously describe reality accurately and objectively (Bryman, 2012). Language, and more broadly, cultural systems of signs, should instead be thought of as the means through which we understand and construct knowledge of reality, and that this process may serve different social or political objectives (Bryman, 2012). For example, Derrida (as cited in Sarup, 1993) thought that there could be no reality or experience outside of language and text. Thus our grasp of reality is completely constituted by the linguistic or cultural resources available to us, and there is no corresponding relationship between our language and an objective external reality (Bryman, 2012).

These arguments have very serious ramifications for the positivist approach to social science (Bryman, 2012). For example, if language is constructive of the world, and we cannot step outside of it in order to view the world objectively, then our knowledge of the world has no fixed reference point. Thus if all knowledge is culturally and historically contingent, then it can only be relative and provisional, with competing claims sharing equal validity (Bryman, 2012). Under these circumstances, the modernist notions of the absolute, the universal, truth and progress are all undermined, as there is no standard by which to make such judgements (Bryman, 2012). For these reasons, rather than attempt to reveal the experiential features of the human condition that are absolute and universal, it could be argued that qualitative research should aim no higher than to highlight the implicit assumptions underlying the experience of a particular individual or group at a given time (Ashworth, 2008).

#### **4.3.11. Language and IPA**

While IPA has been influenced by these arguments outlined above, it has moved away from the more radical constructivist, relativist and subjectivist viewpoints. IPA looks beyond language and text by placing less importance on it in terms of its



determining role in our experience of reality (Smith, 1996). IPA's phenomenological approach means that it disagrees with the notion that we are wholly bound, constructed and determined by a given linguistic structure. It contends instead that we have a certain degree of agency and free will that we can use to re-shape linguistic structures and be creative with them (Smith, Flowers & Larkin, 2009).

IPA also makes the assumption that our verbal responses directly reflect our underlying cognitions, which in turn, are assumed to accurately relate to reality (e.g., perceptions, emotions, etc.) (Smith, 1996). In this sense, language is the medium through which we express ourselves; we can use words to convey shared meanings that can and do objectively correspond to an external reality (Smith, Flowers & Larkin, 2009). It is this endeavour, of seeking to go beyond the structural aspects to language and the situation or context, which is necessary to conduct a phenomenological examination of participants' experience; that is, to directly connect with them in their own terms, rather than through the pre-defined categories and assumptions inherent to a positivist approach (Moran, 2000).

#### **4.3.12. Section Summary**

In the second section of this chapter, I have given an overview of the most significant issues relating to the philosophy of science debate, and clearly demarcated the philosophical position of this thesis in relation to these by explicating the underlying assumptions that I have made. IPA has been described as a critical realist approach, which purports to weave a middle way between the realist-constructivist and positivist-interpretivist standpoints. My understanding of these issues was important for my choice of methodological approach, and in the third and final section of this chapter, I explain my rationale for adopting a qualitative and phenomenological approach using IPA, which I discuss in relation to the alternative approaches to conducting qualitative psychological research.

## **4.4. Section Three: Rationale for Selecting a Qualitative Methodological Approach using IPA**

### **4.4.1. Introduction**

The issues and debates outlined above provide an overview of the general philosophical framework in which this thesis is based. The subject matter of unemployment and mental health issues meant that a variety of different qualitative methodological approaches could have been adopted; each of which have different research purposes and make different knowledge claims, having been informed by different underlying commitments to fundamental issues relating to the philosophy of science. A more detailed consideration of my methodological stance is given below, where I explicitly compare and contrast alternative qualitative approaches with IPA to justify my use of a phenomenological approach using IPA.

### **4.4.2. My Choice of a Qualitative Approach**

It had been my intention from the beginning to carry out a wholly qualitative piece of research for this thesis. The aim of qualitative endeavour is to demonstrate what and how something exists, rather than its rate of occurrence (Yin, 1989), and so it offers an important mode of inquiry that may generate results of much value (Platt, 1988). I selected IPA as my qualitative approach because it is consistent with the epistemological stance of the research question; that is, it is based on the purpose of my research and is a reflection of the research question posed and how this has been framed. As I have described above, IPA offers a set of methods and techniques that enable the subject matter to be addressed, and thereby acquire the knowledge assumed to be possible in the epistemological stance of the research question.

This position stands in stark contrast to an ideologically-driven approach with its 'blind' commitment to a particular view of how reality should be studied. For example, a methodological commitment to the positivist or quantitative approach in the social sciences has biased what is investigated and the types of research questions

that are asked, simply because they are more amenable to quantification. This bias has been restrictive of the sorts of questions that might be asked about the world and what is considered to be a legitimate scientific investigation of it (Bryman, 2012). However, there are questions that *can* be asked about the world and moreover, there are extant approaches and research tools that allow us to investigate these questions.

Qualitative research is generally hostile to positivist tenets and asserts that there is a fundamental distinction between the natural and the social world (Bryman, 2012). Our social world is inherently meaningful to us and we act on the basis of this imputed meaning; moreover, it is believed that these concerns are not a product of, or governed by, impersonal cause-and-effect processes, and so a different epistemology is required to account for this difference (Smith, 2006). The subject of this thesis – the individual experience as it is meaningfully lived – has been neglected by mainstream 'positivist' psychology because it is incapable of capturing the subjective nature of human experience (Bryman, 2012). A qualitative approach using IPA therefore enables the exploration of these issues and is receptive to the diversity of individuals' different understandings of the world (Smith, 2004).

#### **4.4.3. Qualitative Research Methods and IPA**

Qualitative research in psychology may be considered to comprise of four broad methodological approaches, namely; grounded methods, discursive, phenomenological and narrative (Smith, Flowers & Larkin, 2009). There are manifold approaches within each one of these broad categories and they also overlap to some degree, although they do take different ontological and epistemological positions relating to the type of knowledge that they produce and the aims of the analytic process (i.e., what constitutes 'data' and how it should be interpreted) (Smith, Flowers & Larkin, 2009).

With this in mind, I undertook an investigation of the various approaches to qualitative research, knowing that I was primarily interested in what it was like to be

an unemployed graduate with common mental health issues, and how these graduates experienced and viewed the world around them. I therefore took less of an interest in adopting a discursive or narrative approach, and focused on phenomenological approaches because it was the experience of these phenomena that was of primary interest to me. Grounded methods are suitable for studying lived-experience and an obvious first choice because of their popularity and prominence within the social sciences (Charmaz, 2008). However, it became clear that a phenomenological stance, and in particular IPA, was the most apposite for my purposes. It is an approach that is rooted in psychology and specifically tailored to examining specific instances of experience, particularly those relating to major life experiences and transitions (Brocki & Wearden, 2006), such as unemployment and mental health issues.

The selection of my methodological approach using IPA meant that this thesis is embedded in a particular set of ontological and epistemological assumptions (Bryman, 2012), and I have therefore adopted a particular view of the world and how to acquire knowledge of it. I am assuming that from participants' data it is possible to know something about their experience of being unemployed with mental health issues; specifically, that their experience can be understood by an examination of the meanings that they have ascribed to this experience (Smith, Flowers & Larkin, 2009).

My research therefore makes specific knowledge claims about what it is like to be an unemployed graduate with mental health issues, and that my findings tell us something meaningful about the social world we live in. A more detailed description of my deliberations and rationale for my choice of methodology, including a consideration of the different qualitative approaches and their relationship to IPA is given below.

#### **4.4.4. Grounded Theory, Thematic Analysis and IPA**

Grounded theory (Glaser & Strauss, 1967) is a diverse collection of methods that has been used in different disciplines in the social sciences. These methods tend to focus on social processes rather than individual experience and meaning, although the approach can be used to investigate a wide range of subject matter, including experiential issues (Charmaz, 2008). Both grounded theory and IPA adopt an inductivist stance, which stresses the need to focus on what is actually in the data, rather than forcing it into a preconceived structure (Glaser, 1998). They also share the view that a researcher's world-view, interests, theoretical stance and interaction with participants all help to shape the research findings by influencing the content of the data that is collected and how it is analysed and interpreted (Charmaz, 2006).

However, grounded theory differs from IPA in its aim to produce a more theoretical and explanatory account, by framing the analysis in terms of relationships, impacts and influences (Charmaz, 2006). My central concern, using IPA, was with understanding rather than explaining, although this went beyond a basic thematic analysis, as IPA offers an interpreted and conceptual account that represents a more integrated and coherent presentation of the subject matter under investigation (Smith, Flowers & Larkin, 2009).

The increasing level of abstraction required in a grounded theory analysis is achieved through the iterative and concurrent processes of data collection and data analysis, and so the emerging conceptual structure or theory shapes what type of new data is collected (Smith, Flowers & Larkin, 2009). The sampling of new cases is therefore theoretically driven – where the new data is gathered on the basis that it will provide further insight into the emerging theory – and is less concerned with obtaining a representative sample or increasing the generalisability of the results (Charmaz, 2008).

These objectives therefore require a larger sample with a strong emphasis on the comparison of individual cases, which is different to IPA's focus on a more detailed and nuanced account of specific and shared instances of lived experience in a small

sample of participants (Smith & Osborn, 2008). This does not necessarily mean that IPA is against making more generalised claims about a particular experience or phenomenon. However, it is cautious about making any abstract theoretical statement, and instead emphasises the primacy of an idiographic or 'micro' analytic approach, which attempts to find generalities within particular instances (Smith, 2007).

#### **4.4.5. Discursive Approaches and IPA**

The discursive approach to psychology was influenced by the linguistic turn and the postmodern ideas of philosophers such as Jacques Derrida and Michel Foucault, which have been discussed in the second section of this chapter. Potter and Wetherell (1987) developed a methodological approach based on these ideas that is more strongly rooted in constructivist approaches than IPA, and places a much stronger ontological and epistemological primacy on language and discourse (Smith, 1996). They developed analyses of how psychological phenomena (e.g., experience) are represented or constructed through discursive structures and the functions that these may serve (Potter & Wetherell, 1987).

IPA concurs with discursive methodological approaches by recognising the role of interpretative acts, contextual and socio-political factors in the research process (Smith, Flowers & Larkin, 2009). However, as discussed above, its phenomenological perspective means that it also strives to go beyond the text; it looks beyond language and discourse by viewing language as a tool that the individual is free to draw on to convey their experience (Smith, 1996). This enables the researcher to attempt to directly connect with participants in their own terms, rather than understanding through the imposition of a priori theoretical constructs (Moran, 2000). The discursive approach challenges this viewpoint and dismisses the idea of an underlying reality that can be communicated. It instead highlights the structured, situational or political aspects of the relationship between researcher and participant, and contends that participants' verbal reports are more of a function of the context and demands of the social situation (Potter & Wetherell, 1987).

#### **4.4.6. Narrative Analysis and IPA**

IPA shares considerable overlapping interests with the aims of narrative analysis, as the central focus of IPA is individual understanding and meaning-making of lived experience, which is usually, although not always, achieved by the construction of a narrative (Smith, Flowers & Larkin, 2009). Narrative researchers may be primarily interested in either the content (Crossley, 2000) or the structure (Gergen & Gergen, 1988) of people's stories in order to better understand human experience; however, it is the content-oriented approach that has most in common with IPA research (Smith, Flowers & Larkin, 2009). For example, IPA studies may highlight changes or inconsistencies in participants' self-narratives as an important factor in their understanding and sense-making of their experience (Eatough & Smith, 2006).

#### **4.4.7. Qualitative Approaches to Phenomenological Psychology and IPA**

There are numerous qualitative approaches to phenomenological research (e.g., Ashworth, 2003; Dahlberg, Dahlberg & Nystrom, 2008; Finlay, 2008; Giorgi, 1997; Langdridge, 2007; van Manen, 1990) and they have each formulated their own distinct approach by operationalising phenomenological ideas in different ways. These approaches all differ from one another in that they each have different research objectives and aims (e.g., an approach may be more interpretative, rather than descriptive) that privilege a particular set of ideas or a particular philosopher over the others (Smith, Flowers & Larkin, 2009).

For example, descriptive phenomenological approaches conceive the researcher to be merely an observer who simply witnesses participants' experiences and objectively documents them (Barbour, 2007). IPA can be clearly distinguished from these other approaches by its research goals and its unique combination of phenomenological, hermeneutic and idiographic features. It has utilised a broader strain of thought, by drawing on a range of philosophical and theoretical ideas, rather than attempting to operationalise a specific version of one of these (Smith, Flowers & Larkin, 2009).

#### **4.4.8. Section Summary**

In the third and final section of this chapter, I have explained the rationale for selecting a qualitative and phenomenological approach using IPA. This involved a consideration of alternative qualitative methodological approaches and their relationship to IPA so that I could provide a clear justification for my choice. IPA is consistent with the purpose of the research and the epistemological position that is inherent in the research question. It therefore offers a set of methods and techniques that enables the subject matter to be addressed, and thereby acquire the knowledge assumed to be possible in the epistemological stance of the research question.

#### **4.5. Chapter Summary**

In this chapter, I have given an explanatory account of my methodological approach using IPA. I have discussed the theoretical background and objectives of IPA, which draws together a unique combination of phenomenological, hermeneutic and idiographic tenets into a distinct methodological mode of enquiry towards conducting qualitative psychological research. I have also described my epistemological position by explicating the underlying assumptions that IPA makes, and explained my rationale for adopting this particular approach. This chapter's broad consideration of these methodological issues has laid the basis in understanding necessary for moving on to describe the method and data-analysis process, which I have described in the next chapter.



## **5. Chapter Five: Method and Data-Analysis**

### **5.1. Introduction**

In this chapter, I provide an account of my method and data-analysis. The first section of the chapter focuses on my method, where I describe the key decisions that I have made relating to the design of my research and the rationale behind these. This includes a consideration of the formulation of the research question, participant and sampling issues, the development of the topic guide and my approach to the data-collection process. In the second section of the chapter, I go on to describe my own specific formulation of the data-analysis process using IPA. I provide a step-by-step account of how participants' data were analysed, including the procedures and techniques that I have used to generate my findings.

### **5.2. Section One: Method**

#### **5.2.1. Research Design**

The overarching purpose of this thesis is to conduct an exploratory investigation into what it is like to be an unemployed university graduate with common mental health issues from a qualitative and phenomenological perspective using Interpretative Phenomenological Analysis. This entails a focus on the experience, or more precisely, the meanings and understandings that graduates ascribed to their experience of being unemployed with common mental health issues.

I present the findings from semi-structured interviews with 12 graduates. I felt it was important to keep my sample as one group, so that the full range of their experience could be utilised to answer the research question. This richness of data would have been diluted if my sample had been fragmented into smaller groups, excluding participants and their data from the others, in the service of separate studies addressing subsidiary research questions.

IPA's analytic process is conducted on a case-by-case basis (Smith, Flowers & Larkin, 2009), which permits an in-depth examination of each participant in his or her own terms and in isolation of the others. This enabled my study to explore both the convergence and divergence of the features of participants' experience at an individual level with my findings relating to the group as a whole.

### **5.2.2. Research Question**

The main research question of this thesis was as follows: how do graduates with common mental health issues experience and make sense of their unemployment? The epistemological commitment of IPA to prioritising the experience of participants meant it was paramount that I framed the research question in an open and broad manner to avoid, as far as was possible, the imposition of my own preconceptions onto the research design (Smith, Flowers & Larkin, 2009).

To help ensure this, I deliberately avoided the postulation of any cause and effect or circular relationships between unemployment and mental health issues. The research question focuses on how graduates with common mental health issues “experience and make sense” of their unemployment, although how they “experience and make sense” of their mental health issues is also important and is implicit in the research question. This enabled the investigation of the experience of the co-existence of the two and the nature of their relationship in everyday experience. The focus on meaning by inquiring into how graduates “experience and make sense” of these phenomena, captures both the phenomenological and interpretative aspects of IPA (i.e., the sense-making of their experience), and enabled the exploration of these as a dynamic process.

### **5.2.3. Participants**

My sample of 12 participants comprised of nine females and three males, whose ages ranged from 22 to 28. All participants were British Caucasians apart from two who

were of mixed race (British/Latin American and British/Persian). They had completed their Bachelor's degrees in a range of disciplines, graduating between 2008 and 2012, and their duration of unemployment ranged between five and 24 months. Three participants had been unemployed since graduation, while the other nine participants had experienced intermittent bouts of transitory employment, with most underemployed in temporary, part-time or voluntary positions. Participants deemed these roles to be mostly unconnected to their degrees or career aspirations prior to graduation, and so they felt a strong sense of having yet to begin their careers in earnest, by making the successful transition from university into stable work that was congruent with their life-goals.

Participants self-represented having a diagnosis of a wide range of common mental health issues with diverse origins and reasons for onset, which had pre-dated their unemployment in all but one participant. Depression and anxiety were the most commonly experienced issues with all participants having reported that their symptoms ebbed and flowed. All participants were undergoing some form of medical treatment and/or psychological therapy for their symptoms at the time of interview.

There were appreciable differences in participants' well-being and coping at the time of interview; some participants felt able to work and were actively searching for work, whereas others were either unsure if they were able to cope with the demands of work or they felt unable to work. These differences in preparedness to work were important and had a significant impact on participants' sense-making of their circumstances.

A more detailed exposition of participants' characteristics can be seen in Table 5.1. shown below. In the sections that follow, I go on to discuss my choice of sampling methods, inclusion and exclusion criteria, sample size and how participants were recruited. In each case, I provide a rationale for the main decisions that I have made.

**Table 5.1. Participants' Biographical Details**

<b>Participant No. and Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Ethnicity</b>	<b>Graduation Year</b>	<b>Degree Subject</b>	<b>Length of Unemployment</b>	<b>Career/Work History since Graduation</b>	<b>Diagnosis of Mental Health Issues</b>	<b>Onset and Circumstances of Mental Health Issues</b>	<b>Other Mental or Physical Issues</b>
<b>(1) Kate</b>	27	Female	White / British	2010	Creative Writing	5 months	Self-employed in events management (2010 – July, 2012)	Aged 18 – depression; generalised anxiety	Unsure, possibly from childhood	None
<b>(2) Laura</b>	26	Female	White / British	2008	Psychology	24 months	Support work in play / respite care (2008 – July, 2010); agency work in nurseries (2010)	Anxiety (2005); depression (2001)	Anxiety & depression (bullied at high school); anxiety (university; also broke up with partner during this time)	Asperger's Syndrome (diagnosed in August, 2012). Had excellent insight into her condition
<b>(3) Jessica</b>	23	Female	White / British	2012	Psychology	5 months	Retail, customer service (July, 2012)	Depression / anxiety (Aged 19); binge eating (early 20s)	Depression / anxiety & binge eating (aged 18, possibly before. Family issues)	None
<b>(4) Alison</b>	25	Female	White / British	2009	Biology / Plant Technology	24 months	None	Anxiety; panic attacks (2010)	Stress / anxiety / panic attacks (Sept, 2010 - PhD difficulties)	Chronic fatigue syndrome

<b>Participant No. and Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Ethnicity</b>	<b>Graduation Year</b>	<b>Degree Subject</b>	<b>Length of Unemployment</b>	<b>Career/Work History since Graduation</b>	<b>Diagnosis of Mental Health Issues</b>	<b>Onset and Circumstances of Mental Health Issues</b>	<b>Other Mental or Physical Issues</b>
<b>(5) Sophie</b>	22	Female	White / British	2012	Primary Education	7 months	Volunteered as a befriender	Generalised anxiety (2008); depression (2010)	Unsure	Spontaneous Pneumothorax
<b>(6) Elizabeth</b>	25	Female	White / British	2011	Biology	5 months	Internship with a charitable foundation (Jan – May, 2012)	Depression (2009); generalised anxiety (2010)	Periodic bouts of depression and anxiety since adolescence (pressure & worry of school / college / university)	None
<b>(7) Louise</b>	26	Female	White / British	2008	Popular Music	9 months	Short-term administrative jobs (May-Sept, 2011; Nov-April, 2012)	Panic attacks; anxiety; obsessive-compulsive disorder (2005)	Panic attacks; anxiety; obsessive-compulsive disorder (since childhood – troubled upbringing)	Irritable Bowel Syndrome; asthma; gluten sensitivity

<b>Participant No. and Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Ethnicity</b>	<b>Graduation Year</b>	<b>Degree Subject</b>	<b>Length of Unemployment</b>	<b>Career/Work History since Graduation</b>	<b>Diagnosis of Mental Health Issues</b>	<b>Onset and Circumstances of Mental Health Issues</b>	<b>Other Mental or Physical Issues</b>
<b>(8) Rebecca</b>	23	Female	White / British	2012	Visual Art	8 months	None	Anxiety & depression (Jan, 2012)	Anxiety & depression (Jan, 2012 - pressure of university course; worry of unemployment after university)	None
<b>(9) Mark</b>	27	Male	White / British	2010	English Language and Philosophy	21 months	Cafe (March-Sept, 2011; Community project volunteer(Oct – Dec, 2011)	Depression; anxiety; panic attacks (Feb, 2012)	Stress of university	None
<b>(10) Fabio</b>	25	Male	Latin American / British	2010	Environmental Science	17 months	Short-term voluntary paid/unpaid administrative jobs in environmental sector (Nov, 2010 – April, 2011; Feb – June, 2012)	Depression and anxiety-related symptoms (2010)	Bullied at school from age 8; exam pressure at university	None

<b>Participant No. and Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Ethnicity</b>	<b>Graduation Year</b>	<b>Degree Subject</b>	<b>Length of Unemployment</b>	<b>Career/Work History since Graduation</b>	<b>Diagnosis of Mental Health Issues</b>	<b>Onset and Circumstances of Mental Health Issues</b>	<b>Other Mental or Physical Issues</b>
<b>(11) Paul</b>	28	Male	White / British	2009	Economics	17 months	Charity shop volunteer (April – June, 2010); Temp clerical roles in banking / insurance (May 2011; Dec, 2011; April – July, 2012)	Depression (2005); hospitalised after suicide attempt (2005)	Unsure, possibly moving house / new school aged 9	Epilepsy
<b>(12) Paula</b>	25	Female	Persian / British	2009	Law	7 months	Taught English abroad (2009- 2010); Accounts assistant (Jan-April, 2011); Voluntary work (June – Nov, 2011); Supermarket (April, 2012 – May, 2013)	Anxiety-related symptoms (April, 2010)	Related to being unemployed and away from home (Feb, 2010)	None

#### **5.2.4. Sampling Considerations and Use of Inclusion and Exclusion Criteria**

Consonant with IPA's methodological approach, I selected participants using purposive homogeneous sampling methods, as this enabled the selection of those individuals with the relevant experience that was of interest to the research question. Participants were required to speak of their own first-hand experience and were considered to 'represent' a point-of-view rather than a population, which rendered random and representative sampling to be wholly unsuitable and unnecessary for the purposes of my research (Smith, Flowers & Larkin, 2009).

The homogeneity of my sample was based on its composition and related to the most important shared characteristics of participants, as I had defined them in my inclusion criteria. My use of inclusion criteria increased the likelihood of drawing out those patterns and themes common to most, if not all, participants, which helped to strengthen any case that might be made for their generalisability to other individuals who possess these characteristics (Smith & Eatough, 2006). My additional use of exclusion criteria served to minimise the influence of other potentially intervening factors that might have substantially compromised this homogeneity and the nature of participants' experience. My operational definitions of both sets of criteria are given below.

##### **Inclusion Criteria:**

Participants will ...

- be between 21 and 29 years of age.
- have graduated from a UK university within the last five years.
- have been unemployed since graduation and/or for at least five months and no longer than three years.
- have been diagnosed with common mental health issues by a GP/Psychiatrist.



### **Exclusion Criteria:**

Participants will not ...

- have severe mental health issues (e.g., schizophrenia and bipolar disorder) and/or symptoms of psychosis.
- have any concomitant physical/mental conditions that might significantly alter their experience of unemployment and mental health issues.
- have severe or problematic substance dependency/abuse problems, which also may be the principal cause of their mental health issues and/or unemployment.

### **5.2.5. Rationale for Selection of Inclusion and Exclusion Criteria**

My choice of inclusion/exclusion criteria relating to mental health issues was governed by the purpose of this thesis. My focus of inquiry was on those mental health issues that were deemed to be 'common', which included: depressive disorder (including mild, moderate and severe), mixed anxiety-depressive disorder, generalised anxiety disorder (GAD), panic disorder, phobias and obsessive-compulsive disorder (OCD) (McManus *et al.*, 2009; NICE, 2011).

I therefore only included those graduates with these types of issues, choosing to exclude anybody who also presented more severe or serious mental disorders (e.g., schizophrenia and bipolar disorder) and/or symptoms of psychosis. In addition to these criteria, I also excluded those individuals with a concomitant physical/mental condition(s) and/or severe or problematic substance dependency/abuse problems, which might have significantly altered their experience of being unemployed with mental health issues. For example, Laura (participant number two; see Table 5.1. above) also presented with Asperger's Syndrome, but I still included her in my sample because of her excellent insight into her issues.

I purposively selected for participants who were in their twenties on the theoretical grounds that they were all in what could be considered the early- or young-adulthood stage of their lives (Erikson, 1980; Levinson, 1978). The literature suggests that this period is a crucial and transitional time in an individual's life and socialisation, which

involves new adult roles and changes in identity (Tajfel, 1982; Tajfel & Turner, 1979). My use of this criterion therefore created a group of participants who were at the beginning of this stage in their lives, and whose sense-making of their unemployment might raise important issues in relation to this literature.

This feature of homogeneity would have been lost if I had included a mixed sample, including 'mature' graduates, who were perhaps in their late 30s and 40s, for example. While I have no evidence to support my reasoning, I speculated that 'mature' graduates might have perhaps returned to Higher Education with different expectations or ambitions. For example, they might hold an outlook towards their lives and future employment (as well as a previous personal and employment history) that is significantly different from graduates in their early twenties, who are just starting out for the first time.

I required participants to be recent graduates and so I arbitrarily set this criterion for a period of up to a maximum of five years since graduation. This was not too distant and also provided a sufficient length of time for a suitable period of unemployment to arise. The duration of unemployment criterion was partly determined by guidelines, which defined long-term unemployment as those people out of work, and looking for work, for a continuous period of 12 months or longer (OECD, 2012). I therefore selected a period of unemployment between 12 months and three years, which introduced some variability, by broadening the range of experience under investigation, without compromising the homogeneity of my sample by being too wide-ranging in its scope.

However, my difficulties with recruiting participants who had been unemployed for a minimum of 12 months led to my decision to reduce this duration to five months, which was determined by the unemployment characteristics of the participants that I was able to recruit. I considered this to still be a sufficient duration of time for participants to have formulated some form of response to their unemployment, enabling them to be able to speak in detail about their experience, which is conducive to providing a rich account that is necessary for a good IPA study (Smith, Flowers & Larkin, 2009).

### 5.2.6. Sample Size

The issue of sample size in IPA research is considered on a study-by-study basis, although IPA typically requires small sample sizes because of its idiographic purpose (Smith, Flowers & Larkin, 2009). A larger number of participants does not necessarily indicate stronger and more valid work, as it may detract from the central aim of developing an in-depth understanding of the phenomenon of interest (Reid *et al.*, 2005).

There is, however, a trade-off between increasing numbers of participants and the depth of commitment to an idiographic level of analysis of each case. In this sense, fewer participants permits a richer and more in-depth analysis, thereby increasing the likelihood of producing a more penetrative interpretative account that has developed and added insight into the original surface-level accounts of the participants (Smith, Flowers & Larkin, 2009).

My sample size was influenced by the following considerations: (1) IPA's commitment to the idiographic approach and my level of commitment to an in-depth analysis of each case (2) conventions and precedents laid down by extant IPA studies (3) doctoral thesis requirements and restrictions (4) access to participants, and (5) the quality and richness of participants' data.

IPA's idiographic stance meant that I gravitated towards a smaller sample of participants, although as my research was for a doctoral thesis, I had time to analyse a larger sample than is common for IPA studies. In line with Smith, Flowers and Larkin's (2009) recommendation for Ph.D. level research, I decided that 12 participants would be sufficient as it was a small enough sample to maintain a strong idiographic commitment to each participant. However, this number was also contingent on the quality of the interviews and the richness of data obtained from these.

### **5.2.7. Participant Recruitment**

I initially contacted organisations that had contact with university graduates, and these included: alumni associations, careers and counselling services of UK universities (as listed alphabetically on Wikipedia, 2012); national and local mental health charities, local counselling and community services, and the Jobcentre Plus. My main difficulty with this approach was its lack of precision, as these organisations/services would have enabled contact with graduates who were either unemployed or who had common mental health issues, but not necessarily those graduates who were unemployed with common mental health issues. I would therefore have always been acting in the hope that any unemployed graduates would also have common mental health issues and vice versa. My efforts to enlist the aid and support of these organisations were largely unsuccessful, although some were willing to advertise my research online using their social media networks such as Facebook and Twitter.

I decided to pursue the use of social media and networking sites, which permitted a direct means of accessing and communicating with large numbers of potential participants without having to navigate the bureaucracy of large organisations or the time-consuming mediation of gatekeepers. Using this method, I targeted student/graduate employment and mental health websites, forums and blogs, which enabled the wide dissemination of my research to graduates. This process was hastened by interested respondents publicising my research on their own respective websites and pages on social networking websites.

I used a recruitment advertisement poster to advertise my study in the first instance (see Appendix V). This directed those graduates who were interested to contact myself for further information about the study. Graduates who expressed an interest in taking part were sent an electronic copy of the Participant Information Sheet (see Appendix VI), which outlined the purpose of the study, what was required of participants and explained their rights and responsibilities should they choose to take part. It also invited graduates to contact myself if they had any questions or were

unsure about the research in any way. I contacted graduates four to five days later to confirm their continued willingness to participate.

The 12 participants were recruited and interviewed between November 2012 and December 2013. The lengthy recruitment period was due to difficulties recruiting sufficient participants and meant that the data-analysis phase was conducted concurrently with data-collection. The combination of these two stages was unproblematic, however, because my methodological approach helped to prevent any change in my understanding of the data from influencing subsequent interviews.

### **5.2.8. Data-Collection**

#### **5.2.8.1. Semi-Structured Interviews**

IPA's approach to data-collection has been set by a strong convention of employing one-to-one interviews using a topic guide that is semi-structured in its design (Smith, Flowers & Larkin, 2009). There is no perfect and wholly reliable tool for data-collection and my choice of semi-structured interviews as the means of data collection in this thesis is no exception (Seidman, 2006). Despite these well-recognised and discussed problems (Seidman, 2006), I considered this type of interview format to be the most suitable means of capturing the data that I required to answer the research question.

The semi-structured and informal style of interviewing was well-suited for my purposes. Its versatile structure permitted a broad, but also detailed coverage of a range of topics, producing interesting and rich data that raised many issues that I had not previously considered. The flexibility of this format enabled a focused dialogue, where my questions could be modified in light of the participants' responses, whilst also giving them the opportunity to raise, in their own terms, what they felt was important. This encouraged participants to speak freely and openly, which was conducive to producing a detailed first-order account of their experience (Smith, Flowers & Larkin, 2009). In this sense, my role as interviewer was to facilitate the

discussion, confining myself to probes and prompts that were based on issues raised by the participants themselves.

#### **5.2.8.2. Topic Guide Development**

The main aim of my topic guide was to enable participants to talk widely and in as much detail as possible about the experience of being unemployed with common mental health issues. My preparation of the topic guide therefore involved thinking about my main research question and devising questions that would draw out the most relevant, significant and important meanings relating to participants' experience.

My methodological commitment to the perspective of participants meant that my topic guide was not based on any pre-existing theoretical framework or my own personal experience and preconceptions. Certain epistemological assumptions were still being made, though, and these governed the type of questions that I asked and the framing of these so that they were consonant with my experiential focus (Smith, Flowers & Larkin, 2009).

Consonant with this epistemological stance, my questions were framed in an open, broad and neutral manner, such as: 'Can you tell me about ... .' or 'How has your ... .'. The use of theoretical concepts was avoided and instead questions were phrased using plain and non-technical language. This approach helped to avoid the pitfalls of a leading and judgemental stance (Seidman, 2006), by enabling participants to talk freely and in their own terms about issues that concerned them. It also helped to overcome the problem of their responses merely echoing the content of my topic guide. This forethought invested in my preparation of the topic guide was crucial for conducting good interviews necessary for gathering the rich and useful data pertinent to the research question (Seidman, 2006).

My questions inquired into participants' unemployment and mental health issues in relation to their lives, how they thought or felt about themselves and their feelings towards work/employment and their careers. I was careful not to privilege some

aspects of their experience over the others by making sure that questions relating to unemployment and mental health issues were equally weighted. I also found it helpful to think about the range of responses that might be given to my questions, devising prompts that helped to accommodate less forthcoming, reticent or emotionally charged participants, by providing concrete examples to clarify the sorts of questions that were being asked.

My topic guide was assembled with the view that it was just a guide to the interview process, rather than something to be rigidly followed regardless of the nature of the interview circumstances. I ordered questions so that they followed on logically from the previous one and in a manner that maximised participants' ability to produce the most insightful responses. For example, to help ease participants into their interviews, I began with a straightforward question with a descriptive focus on the present time in their lives. Draft versions of topic areas, questions and their prompts were discussed with my supervisors, which involved a consideration of their suitability, coherence and comprehensibility. The final Topic Guide can be found in Appendix IX.

#### **5.2.8.3. Topic Guide Pilot Study**

My topic guide was piloted on Kate, who was the first participant that I recruited and interviewed for my research. After the interview had taken place, I reflected on the process and felt that the interview went smoothly. I established an excellent rapport with her; she thoroughly engaged with the interview process and was frank and sincere in her responses. The ordering of questions worked well in general and they encouraged her to talk freely about the issues that she felt were most important. I was concerned that my more challenging questions inquiring into her mental health issues might be asked slightly too soon and before she had fully settled into the interview, although this was not the case.

However, after reading through the transcribed interview, I felt that some slight alterations to the topic guide were necessary. Kate did seem slightly hesitant or uncertain in how to go about answering questions three and four, which inquired into

how she saw herself and her understanding of the term 'mental illness'. These were particularly broad in scope, and so I addressed this issue by adding prompts to these questions to help clarify what I was actually asking. As a precaution, I also added a prompt to question nine, which required participants to reflect on the co-existence of their unemployment and mental health issues. This prompt rephrased the question in case participants did not grasp what was meant (see Appendix IX for changes to the Topic Guide).

I also scrutinised my own interviewing style at this stage by reading the transcribed interview and examining my own responses to Kate's answers. This enabled a retrospective assessment of their appropriateness and a consideration of alternative and more suitable responses in terms of their content, tone and affect. I generally found that my responses were appropriate and well-judged that took the subject matter forward in a constructive and satisfactory manner. I had successfully adopted a facilitatory role, necessary for good IPA interviews (Smith, Flowers & Larkin, 2009), by encouraging Kate to take the lead and raise what she thought was important with minimal direction from myself.

However, I did find myself sometimes losing focus in the interview. For example, I would interrupt Kate, perhaps too often, and at inappropriate times, when she was in mid-flow and articulating an interesting response to my questions. These interjections or follow-up questions were sometimes driven by my own personal interest or curiosity, rather than a strict adherence to my methodological approach, and they risked taking the interview off course and away from the research question. Kate also had a tendency to speak in generalities, or to express her own understanding using examples from other people's experience, rather than her own. I felt that in these instances described above, I was too slow to intervene by re-directing the focus of the interview back onto Kate's experience, and so I therefore had to guard against this occurrence in future interviews.

Despite these shortcomings, and after several readings of Kate's transcribed interview, I was clear that the interview had produced data of an excellent quality and richness, drawing out important and interesting material relating to the questions



posed. For these reasons, I decided that Kate's data could appropriately be included in my main study.

#### **5.2.8.4. Data-Collection Procedure**

Prior to the interviews, I asked participants for their preferred location for the interview to take place and made sure that selected locations provided a safe, comfortable and quiet atmosphere free from any interruptions. I also suggested in the Participant Information Sheet (see Appendix VI) that it might be helpful for participants if they spent some time reflecting on their experience of being unemployed with mental health issues. I recommended that they considered how they arrived at this point in their lives, including what the most significant or prominent features of their experience were and how these compared with other periods in their lives.

Some participants requested to view the topic guide before their interviews took place. When this occurred, I had to balance my ethical obligations to ensure the comfort of participants, by providing access to the maximum amount of information necessary to enable them to give their informed consent, with the need to avoid any bias in my research design. In these cases, I decided to allow access to the topic guide, although I emphasised to participants that its content was indicative and served as a guide only, so not to lead them into the expectation that they were required to talk about its subject matter. I realised that my actions led to the creation of two groups (i.e., those who had, and those who had not, seen the topic guide before the interview) although this was an insignificant difference because the content of the topic guide had already been described in the Participant Information Sheet (see Appendix VI), and so those participants who had seen the topic guide were not necessarily in a stronger position for doing so. There were also no discernible differences in content and themes between these two groups when it came to the data analysis stage.

All interviews were carried out face-to-face, which is the norm in IPA research, and is important for conducting successful interviews that produce data of a high-quality (Smith, Flowers & Larkin, 2009). The close proximity facilitated my relationship with participants and enabled a closer and more intimate interaction, which helped to build rapport and trust by enabling better communication. I also took the time to memorise my interview questions so that I did not distract participants by having to constantly refer to my topic guide during the interviews. This meant that I could direct my maximum attention towards participants during the interviews and engage with their narrative wholeheartedly, which also helped to foster a sense of rapport and trust.

Before the interviews began, I reminded participants of their rights, which had already been described in the Participant Information Sheet (see Appendix VI). I also gave them a short description of the interview process and what was required of them. Participants were made aware that I was interested in the meanings that they had ascribed to their experience and so there were no right or wrong answers; they could also take their time when thinking and talking, choosing to give as much or as little detail as they wished.

Two Informed Consent Forms (see Appendix VII) were signed by myself and each participant immediately prior to commencing the interview, so that we could each keep a copy for our records. I then used a Participant Details Sheet (see Appendix VIII) to gather background information that would help to structure and facilitate the interview. This inquired into participants' circumstances, including; basic demographic information, unemployment and social benefits claims, career and work history, mental health history and their use of medical and psychological treatments.

All interviews were audio-recorded with the permission of participants and lasted between 45 and 80 minutes in length. I found that making field notes during the interviews distracted participants, breaking their flow and momentum, so I stopped this practice after the third interview. I also felt that the act of making notes impeded my intention to carry out the interviews in an informal and relaxed manner, which is

important for obtaining rich and insightful accounts from participants (Seidman, 2006). I decided instead to make brief notes immediately after each interview had finished, which recorded my initial impressions of the participants and how I felt the interview process had gone.

After the interviews had concluded, I immediately read a Standardised Debriefing Statement (see Appendix X) to participants. This re-iterated information in the Participant Information Sheet (see Appendix VI) and reminded participants of their rights, directing them to further sources of support and advice, should they have needed it. I then thanked participants for their time and participation.

#### **5.2.8.5. The Interview Process**

In line with IPA's open and non-judgemental hermeneutic stance (Smith, Flowers & Larkin, 2009), I was careful to maintain my facilitative role and avoid adding my own interpretation to participants' responses. As part of a broader reflexivity towards participants, I used a number of techniques that helped to suspend my own preconceptions about the subject matter under investigation and to direct my fullest attention to participants' accounts.

For example, I asked questions in a neutral, non-leading manner and gave participants the opportunity to take the lead and raise whatever they thought was important. Probes were used to learn more about any interesting or important issues raised by participants and these were similarly phrased in an open and non-leading manner, which also helped to ensure that my probing was rooted in what the participants had said. I was careful not to probe too deeply and risk appearing interrogative. This was an integral part of my ongoing effort to gently guide participants from a descriptive to a more analytical account, by balancing the broad and general coverage of topics with sufficient detail of specific instances.

Prompts were used to help elicit further details, clarify questions or to help participants start to answer questions. If participants strayed too far from the purpose

of the research, perhaps by speaking in generalities or on behalf of others, I gently reminded them that I was primarily interested in their sense-making of their own experience. I also made every effort to avoid falling into the trap of casually assuming that I understood participants' use of commonly expressed words or meanings that might have seemed self-evident. I was therefore cautious to follow-up these to be clear what participants had meant by their use of particular words or phrases. I also attended to participants' use of paralinguistic cues, such as the volume, inflection, tone of speech and other non-verbal cues in their responses, so that I could form judgements about the effects of the questions and the broader interview context on their state of mind.

I often found that the logical ordering of questions in my topic guide did not fit participants' responses, and so I had to make immediate decisions to move questions forwards and delay others or even omit questions from the interview. Participants generally became a lot more open and explicit around 20 minutes into the interview, when they began to give more detailed and analytical accounts about specific instances of their experience. This meant that I often felt it was necessary to revisit questions or topics if I felt that participants were prepared to give a deeper and more considered response.

### **5.2.9. My 'Insider' Status**

My experience of being a long-term unemployed university graduate with common mental health issues meant that I had 'inside' knowledge of what it was like, and I had my own understanding and set of meanings relating to this experience. There has been a significant amount of qualitative research carried out from an 'insider' position in the social sciences, although the advantages and disadvantages of such a position are debated (Dwyer & Buckle, 2009; Lieblich, 1996, Maykut & Morehouse, 1994). I recognised that being an 'insider' affected how I carried out my research, and so it was important that I reflected on my experience and considered its impact on my work. This was part of the broader and ongoing reflexive practice conducted throughout my research, which helped to increase the rigour and credibility of my

work, by helping to explicate my own underlying motivation, biases and reasons for the decisions that I have made.

I felt that my position as an 'insider' enhanced rather than inhibited the interpretative dimension of my research. I could strongly empathise with participants and this aided my understanding of their perspective. My own experience and the meanings that I ascribed to it meant that I had my own set of expectations about the themes that might be raised by participants. However, these orienting ideas were 'bracketed' out by my use of the topic guide and the manner in which my questions were framed.

I found that during the interviews, participants' responses to my questions would often evoke significant and sometimes poignant meanings for myself. On the other hand, participants would describe feelings or meanings that I could not relate to my own experience, and I would find myself disagreeing in my head with what was being said. It was important that I refrained from engaging with this type of interpretative activity, although these responses were important and necessary, and formed part of my sense-making of participants' accounts during the data-analysis stage.

#### **5.2.10. 'Insider' Status Disclosure**

Prior to the interviews, I considered the advantages and disadvantages of disclosing my 'insider' status to participants. It was possible that disclosure before or during the interviews might have built rapport and trust, which would have helped participants to talk more openly and explicitly about their experience. There was, however, the danger that disclosure would have led to participants losing interest or enthusiasm for the research by drawing the focus of the interview towards myself. This would have compromised participants' understanding that the focus of the interviews was on themselves and their experience.

Disclosure also might have led to an array of response biases. For example, participants might have become more cautious, guarded, reticent or started to self-

censor; selectively choosing their answers and words to fit with what they thought I did or did not want to hear. It also might have put further pressure on participants to conform to commonly held expectations about graduates' aspirations and to present conventional and socially acceptable views about mental health issues. These issues would have been complicated further by the narrow age gap between myself and the participants, who were all of the same generation.

Perhaps more cynically, and less probably, disclosure might have provided participants with an opportunity to sabotage the interview. It is plausible to believe that they might have resented my own privileged position in relation to themselves, given the similarity of our circumstances. Finally, I also considered my own possible motives behind a decision to disclose my 'insider' status and there might have been elements of empathy, selfishness, attention-seeking or therapeutic gain that underpinned this feeling, which had nothing to do with my role as researcher or the research itself and its enhancement.

These deliberations led to my conclusion that disclosure was an unnecessary risk with more to lose than to gain. I felt it was advantageous to maintain the confidentiality of my own position as an 'insider' and to use my knowledge and experience to carefully direct the interview, through my use of prompts and probes, towards a deeper level of evaluation. Participants did not ask about my own status during the interview, although if they had, I would have told them that it was something that would be more appropriately discussed after the interview had finished.

#### **5.2.11. Transcription of Interviews**

I understood that the act of transcription was in itself an interpretative process with implications for the type of knowledge that I was attempting to obtain. There were many aspects to the social interaction of the interview process that could have been recorded and highlighted (Smith, Flowers & Larkin, 2009), although my analysis

was primarily focused at the semantic level and the interpretation of the meanings of participants' accounts.

This meant that a verbatim word-for-word transcript of the interview, which also included paralinguistic cues relating to participants' significant pauses, hesitations, emphases in tone or pitch of voice and important emotional responses, was sufficient to meet the requirements of analysis using IPA (Smith, Flowers & Larkin, 2009). I spelt words conventionally unless jargon was used, while names and other personal details that might be used to identify the participants were changed or removed from the transcripts to maintain their anonymity and ensure confidentiality. My use of transcript notation and its meaning is shown below in Table 5.2.

**Table 5.2. Transcript Notation**

<b>Transcript Notation</b>	<b>Meaning</b>
.....	A significant pause
[ ]	Omitted material
[her partner]	Explanatory or clarificatory information added by myself
[?]	Unintelligible or indecipherable speech
--	Sentence interruption

### **5.2.12. Ethical Considerations**

Ethical considerations were taken into account throughout the conduct of my research and have helped to ensure that the needs and rights of both participants and myself, as the researcher, have been respected and protected. My research and its procedures have abided by the relevant policies of the University of Liverpool's Code of Practice and the British Psychological Society's (BPS) Code of Ethics and Conduct (BPS, 2009). Before data-collection began, my planned programme of research was submitted to the Institute of Psychology, Health and Society Ethics

Committee for review and was granted approval on the 12<sup>nd</sup> November, 2012 (see Appendix IV). My consideration of the ethical issues that related to my research and how they were met is described below.

#### **5.2.12.1. Informed Consent and Voluntary Participation**

I gave participants as much information as was necessary for them to be able to make an informed judgement about taking part in the research. Participation was entirely voluntary and I gave participants numerous opportunities to ask questions about the research before being interviewed. Two Informed Consent Forms (see Appendix VII) were signed by myself and each participant immediately prior to commencing the interview so that we could each keep a copy for our records.

#### **5.2.12.2. Debriefing**

I read a Standardised Debriefing Statement (see Appendix X) to participants immediately after the interviews had concluded. This reminded them of their rights and also directed them to further sources of support and advice, should they have needed it. I also spoke to participants informally after the interviews to make sure that they left the research situation untroubled by the experience.

#### **5.2.12.3. Anonymity and Confidentiality**

I assured participants of the confidentiality of their data and that it was only accessible by myself and my supervisors. I made participants aware that verbatim extracts of their accounts might be presented or published in the public domain, although these would be anonymised so that they would not be identifiable in any way. Participants also understood that they were entitled to request a copy of these publications if they so wished.



#### **5.2.12.4. Data Storage Procedures**

I informed participants that their data was to be used for the exclusive purpose of the research presented in this thesis and that their information was to be stored securely in a locked storage facility at the University or in password-encrypted files. Participants understood that I would retain their data for the required length of time in accordance with University regulations; after which, I would make sure that all audio-recordings and transcripts would be deleted, physically destroyed or returned to participants at their request. The custodian of participants' data was my main supervisor, who was a member of staff at the University of Liverpool.

#### **5.2.12.5. Right to Withdraw**

Participants understood that their participation in my study was entirely voluntary and they were free to withdraw, without giving any explanation, prior to the point at which their interview data had begun to be analysed. They could request for their data to not be used for the purposes of my research and for it to be returned to them, deleted or destroyed.

#### **5.2.12.6. Participant and Researcher Welfare**

The interviews required participants to divulge personal and sensitive information that might be emotional and stress-inducing for them to discuss openly with a stranger. To minimise these risks, I made participants aware that they were under no obligation to answer all or particular questions, and they were also entitled to ask for the audio-recorder to be switched off or to terminate the interview at any time of their choosing. I advised participants to seek advice and support from their GP or therapist should they have been affected by any of the issues raised in the interviews. If I became troubled by the participants' accounts, I was able to seek support from my own supervisors, and there was also an Institute-wide dedicated support group for researchers whose work was of a difficult and emotionally troubling nature, should I have needed it.

### **5.2.13. Section Summary**

In the first section of this chapter, I have considered the main issues relating to the design of my research and the data-collection process, including the formulation of the research question, participant and sampling issues, the development of the topic guide and my approach to the interview process. This has laid the basis for the next section of the chapter, where I go on to provide an account of the data-analysis process.

## **5.3. Section Two: Data-Analysis**

### **5.3.1. Introduction**

The second section of this chapter provides an account of my data-analysis process. There is no standardised method of data-analysis using IPA and it can best be described as a particular mindset that is purposively directed towards the objective of understanding the participant's perspective (Smith, Flowers & Larkin, 2009). This objective may be realised in manifold ways, using a range of tools and techniques, which can be applied flexibly to the content of the material at hand (Smith & Osborn, 2008).

Despite the deeply personal and subjective nature of the analysis process using IPA, with its dependence on intuitive insights and creative artistry (Smith & Osborn, 2008), Smith, Flowers and Larkin (2009) have laid down basic steps or guidelines for researchers to follow. These are indicative of how an IPA analysis might be undertaken and describe how the underlying principles of IPA might be implemented to meet specific research objectives. Being new to IPA, I have used these guidelines as an overarching framework to guide my analysis, although I made some slight adaptations and modifications, which were borne out of the ongoing interplay between the data and my changing understanding of these.

### **5.3.2. Quality and Validity of My Data-Analysis Process**

An important part of demonstrating the quality and validity of my data-analysis process was by making it amenable to external validation by others. I have therefore produced an audit trail that documented my actions at each stage of the entire analysis process – from the raw data of the transcribed interviews, through to the final report (Flick, 1998) – so that others could verify the credibility of my final report by checking the process by which I arrived at my findings. I have incorporated examples from my audit trail into my account of the data-analysis procedure given below, and these demonstrate how this process worked in practice.

I also sought feedback at key stages in the data-analysis process from my supervisors – one of whom was an experienced IPA researcher and supervisor. For example, we met to discuss the results of my completed analysis of the first participant (Kate). This was especially important because this was my first attempt at IPA. We then met again on a further three occasions to discuss my analysis after four, eight and then all 12 participants' accounts had been analysed.

These discussions centred on my annotated transcripts to assess the suitability of: (a) my emergent themes based on the initial notes and commentary; (b) the construction of super-ordinate themes, which were based on those emergent themes; and (c) the master themes for the group of participants as a whole.

I found that feedback from others often helped to sharpen my own thinking by identifying themes that were perhaps underdeveloped and required further analysis or clarification. This process helped to affirm the rigour of my work by checking the coherence of my account and the consistency of my analysis, making sure that my claims were adequately grounded in the data and that they made sense to others who were not involved in the analysis. I provide a more reflective account of my experience of the supervision process during the data-analysis stage at the end of this chapter (see 5.3.4. Reflexive Commentary on My Data-Analysis Process).

### **5.3.3. Data-Analysis Procedure**

In this section, I provide a step-by-step account of how I transformed the raw data of participants' accounts into my findings, which were represented by my master themes. My analysis comprised of six main steps and I documented these by organising my analysis in a series of columns that clearly demonstrated each stage of my analysis process. This charted the development of my analysis starting with the annotated interviews and the development of emergent themes, through to the development of super-ordinate themes for each participant and the master themes for the group as a whole.

I examined the transcripts of participants' interviews in the order that they were interviewed, with each one being fully analysed independently of the others, as I have described in steps one to five. In step six, I examined how the super-ordinate themes and their constituent sub-themes were shared by participants before synthesising the key themes for the group as a whole. I analysed all data manually on the computer without the assistance of qualitative data-analysis software packages. This helped to maintain my intimacy with participants' accounts (Clarke, 2009), and to uphold a continuity in the interpretative interplay between the participants' accounts and my own engagement with these (Smith, Flowers & Larkin, 2009).

The step-by-step account of my analysis implied that it was a uni-directional process. In practice, however, the analytic and interpretative process in IPA is iterative in nature. This involves shifting stances and adopting different analytic techniques, where passages of text are analysed repeatedly in light of insights from other parts of the participant's account (Smith, 2007; Smith & Osborn, 2008). This meant that I often traversed these steps, according to my intuitive insights of the text under examination.

#### **5.3.3.1. Step One: Familiarisation with the Interview**

I listened to the audio-recording of the interview in full within a day of its recording, which helped to solidify my initial impressions and afterthoughts of the most striking

or salient aspects of the interview. I noted these alongside my field notes for comparative purposes. After the interview had been transcribed, I carefully read and re-read it in full several times. This initial reading was not undertaken with any particular formal analytic stance or focus; I was simply familiarising myself with the participant's account and I noted down my initial observations and thoughts alongside the field notes. These preliminary and unstructured sense-making activities were useful preparation for the formal analysis to come. They provided myself with an overall grasp of the participant's account in terms of its narrative, structure and the main issues that were raised.

#### **5.3.3.2. Step Two: Initial Noting and Commentary**

My formal analysis commenced with the detailed line-by-line exploration of the participant's transcribed account. This was an open-ended and relatively unstructured process, where I commented on anything of interest or significance by writing on the transcript itself. I facilitated this process of annotation by organising the transcript so that there were wide margins either side of the text, with the left-hand margin reserved for adding exploratory notes (see Table 5.3., p. 124, for an example of how this worked).

I found that some parts of the transcript were of more phenomenological relevance or significance than other parts, and so the density of my commentary varied throughout the analysis. As this noting process progressed, I felt an increasing sense of familiarity with the participant and grasp of his/her sense-making of their experience, as evidenced through their use of language, tone, exhibited feelings, and use of humour.

My analytic or hermeneutic stance was always directed towards the participant by asking how I thought he/she made sense of their circumstances. In this way, my findings have been tethered to the participants' experience in their own words. I focused on questioning what was said and attempted to establish what was actually meant by the participant – a process that entailed cross-referencing my own

interpretation with the participant's account. This meant that I had to maintain a receptivity to the inconsistencies, contradictions, ambiguities, repetitions and emphases in the participant's account, asking why certain views were presented, emphasised, or left out. Dahlberg *et al.* (2008) have suggested that good phenomenological work can integrate the ostensibly contradictory or ambivalent and nebulous aspects to an analysis, and I endeavoured to do so with the participant's account.

To facilitate this aim, my initial noting and commentary was conducted in a multi-faceted manner using different tools, each of which had a particular analytic focus that helped to elucidate different aspects of the participant's account. These were all deployed in a systematic and logical manner, so that I could tackle different aspects of the participant's meanings and understandings, which helped to grasp the experience as a whole. The three principal types of commentary that I employed were descriptive, conceptual and linguistic (Smith, Flowers & Larkin, 2009) and I demarcated these types of commentary from each other by a different coloured font so that the different stages of my analysis could clearly be seen. The purpose of these types of commentary have been summarised below and an example of how they worked in practice can be seen in Table 5.3 on page 124.

I used 'descriptive comments' (written in black font; see Table 5.3., p. 124) in the first instance, which commenced my process of beginning to grasp the participant's meanings and understandings of his/her experience by helping to piece together a structure of these. My commentary was phenomenological in focus, which meant that I attended to the content of what was said and its explicit or stated meaning only, taking care to refrain from adding any interpretation of its meaning. To do this, I noted any significant issues, places, relations, events and understandings, often by highlighting any accompanying words, phrases and emotional reactions that helped to form the basis of the participant's experience.

I built on this descriptive tier of commentary by using 'conceptual comments' (written in blue font; see Table 5.3., p. 124). These incorporated my own interpreted

meaning, which helped to take the analysis towards an increasingly abstract and conceptual account of the participant's text. I accomplished this by probing into the participant's explicit statements in an open and exploratory manner, questioning the how and why of what was said, which entailed an interplay between my own knowledge and experience, and my emergent understanding of the participant's experience. For example, the issue of responsibility was implicit in participants' accounts and this triggered a self-reflective process of comparison with my own experience and its meaning.

There were a variety of ways I could have approached and interpreted the text that included different levels of generalisation or abstraction. I would, for example, often switch my focus between the part and the whole of the participant's account, where my understanding of each of these was aided by the other; thus the whole helped to inform its constituent parts and each part helped to inform the whole. This hermeneutic circle helped to describe the iterative and non-linear type of reasoning process involved in my sense-making of the participant's account.

My developing understanding of the participant's account was continually being balanced against other relevant statements made elsewhere in the text, and was revised accordingly as my analysis progressed. I often found, for example, that some of my questioning led nowhere or required a more abstract level of interpretation to take my analysis forward. Throughout this process of drawing out meaning from the text, I remained vigilant to maintain an open mind to a range of interpretations, rather than hastily impose my own categories and assumptions. My interpretations produced a range of viable meanings and new concepts, some of which remained close to the literal meaning of the text, while others were more interpretative and went beyond the participant's account.

I also made use of 'linguistic comments' (written in red font; see Table 5.3., p. 124), which examined the nature and meaning of speech acts and their relationship to the content of what had been said. For example, how something was said might have indirectly revealed something deeper about the participant's experience (e.g., a

confused sense of self), which had been unintended. Other possible functions of speech acts included a particular way of presenting him/herself; an attempt to influence or achieve a certain end (e.g., elicit sympathy from myself as the interviewer); or conforming to a set of societal expectations and conventions.

My use of linguistic comments comprised of attending to the participant's particular usage of parts of speech (e.g., pronouns, adjectives, verbs); narrative shifts away from the first-person; significant pauses, repetition, laughter and the use of humour, and paralinguistic cues, such as volume, tone and fluency. This type of commentary was necessarily conducted concurrently with both my descriptive and more conceptual stances; it was bound-up and inseparable from the participant's thoughts and so it formed an important and necessary part of making sense of these.

In addition to my use of descriptive, conceptual and linguistic types of commentary, I found that my analysis benefited from the use of other types of exploration. I often underlined anything that seemed important and then wrote a short account of why I thought it was important in the left-hand margin. I also made use of free association, which involved noting down anything that entered my mind while I was reading the participant's account.

The iterative and non-linear analytic process of continually revising my own understanding with each new insight from relevant statements made elsewhere in the text (Brocki & Wearden, 2006) meant that it was difficult to know when this stage of initial noting and commentary was complete. I considered the process to have come to an end when the transcript had been thoroughly examined for its phenomenological content, which had been clearly recorded and documented, and no new concepts and meanings were being raised.

#### **5.3.3.3. Step Three: Identifying Emergent Themes**

My initial notes and commentary generated from the first and second steps of the analysis created a large body of secondary data, which formed the basis for



identifying emergent themes. The purpose of these was to provide a succinct label that neatly summarised a collection of initial notes, by organising them into a conceptual structure that I considered to best reflect the particular phenomenon at hand, expressing its shared and underlying psychological meaning. I conducted this process of annotation on the transcript itself, where there were wide margins either side of the text, with the right-hand margin reserved for adding emergent themes (see Table 5.3. below for an example of how this worked).

I found that some emergent themes were identified more easily than others; while some initial commentary was not so easily subsumed under certain themes, and so I had to create new themes to accommodate these. Some initial notes could have been suitably placed under a number of themes, and where this happened, I decided to include the notes in all of these themes, rather than choosing one and excluding the others. This was important because I was still at an early stage of my analysis, and I did not want to prematurely lose any richness of meaning without having a better understanding of what it meant.

My process of identifying emergent themes therefore severed the link between the participant's raw data in its own context (and my initial notes on these) and reconstituted it in a more conceptual form, while still preserving its integrity and original complexity by grounding these themes in the participant's text. This was necessary so that I could organise participants' data at a higher conceptual level by establishing connections, patterns and discrepancies among the emergent themes / initial notes in the next stage of my analysis.

**Table 5.3. Excerpt from Louise's Transcript Demonstrating Initial Commentary and the Development of Emergent Themes**

Initial Notes	Interview Text	Emergent Themes
<p>Financial concerns – greatest concern – <i>because she does not have an income?</i></p> <p>She believes herself to be too unwell to work at the moment.</p> <p>Concern over uncertainty of her mental health for the future; will it hold her career back - <i>worries about coping / questions, uncertain future</i></p> <p><i>'really stressed again' – she can cope with some stress?</i></p> <p>Main concerns are financial, job/work-related; <i>'life-status issues' – what she has achieved materially / career relative to others, her peers?</i></p> <p>Acute awareness of life-status issues at 26. Compares herself with her friends. <i>Is she suggesting that at age 26 she feels left behind/missing out?</i></p> <p>She should have these things by now – <i>a sense of frustration, perhaps?</i></p> <p><i>'stuck in this position'; entrapped, can't move on and forward</i></p> <p>'lesser person' – something missing/not complete; lowered self worth</p> <p>Feels a sense of entitlement – <i>because she has worked hard?</i></p> <p><i>'deserve' – so she is of equal worth as her friends? Cf. 'lesser person'</i></p> <p>Exonerates herself from feeling responsible for her mental health issues by likening them to an illness - <i>a physical illness? Is she blaming this for her unemployment?</i></p> <p><i>'abandoned' by the benefits / health-care system; feels let down; neglected; 'nothing in place to help someone in my position' – she is aggrieved, she feels badly treated, shunned</i></p> <p><i>Repetition of 'it's not fair' – an injustice, frustrated, she deserves better, she has worked hard at school / university 'to carve a life out' – to form/shape her life - but finds herself unemployed on benefits</i></p> <p><i>'stuck' – trapped, can't escape or move forward</i></p> <p>Use of words: climb, stuck, abandoned, carve, ended up – likens her circumstances to a trek – a slow and arduous journey with many obstacles to overcome.</p>	<p><b>Ok right, can I start by asking you erm, what concerns do you have in this period in your life?</b></p> <p>Erm, money's the biggest one because I can't really work at the moment. I want to, but at the minute, I'm just not well enough. Erm, and then it's how, is this gonna affect me for the rest of my life, and if I get into a career, can I then maintain it? How high can I <b>climb</b> without getting really stressed again?</p> <p>Erm, it's all kind of money, career, sort of <u>life-status issues</u>, I suppose. And being the age that I am, 26, and all of my friends around me have got good careers, have all bought their houses, are planning their weddings. <u>I should</u> be doing all that with my partner, but currently, just can't, because I'm <b>stuck</b> in this position.</p> <p><b>How does that make you feel?</b></p> <p>Erm, like ..... like a lesser person in a way, suppose, because I feel like I deserve to be doing all that stuff, too, and, but it's not my fault that I'm ill and I haven't had, you get no help or recognition from the government, erm, when you go through something like this. And, feel sort of <b>abandoned</b>, I suppose, by the system because there's nothing in place to help someone in my position. Erm, and I feel like <u>it's not fair</u>, I feel like I work really hard at school and uni to <b>carve</b> a life out for myself and I've just ended up here <b>stuck</b> on benefits. <u>It's just not fair.</u></p>	<p>Financial worries</p> <p>Too unwell to work</p> <p>Uncertainty of mental health issue in the future</p> <p>Worry if mental health issue will hold her career back</p> <p>Worried about her life circumstances in general relative to others</p> <p>Feeling left behind</p> <p>Feeling of missing out</p> <p>Feeling entrapped</p> <p>Lowered self-worth</p> <p>Feeling she deserves to have a life</p> <p>Does not blame herself for her mental health issues</p> <p>Government have been unhelpful</p> <p>Feels neglected by state benefits / healthcare system</p> <p>Feels sense of injustice that she is on benefits</p> <p>Feels trapped</p>

#### **5.3.3.4. Step Four: Establishing Links among Emergent Themes**

My list of emergent themes that I had identified in step three were then drawn together into a structure of more abstract and conceptually higher-order themes called super-ordinate themes (Smith, 2004), which succinctly reflected the most significant and interesting features of the participant's account. My list of emergent themes, which in step three I had organised in the order of their occurrence, were then split-up by cutting and pasting them into a new document. I eliminated any repetition of the same themes and then began an open and experimental process of playfully assembling them together into various combinations or clusters.

Smith, Flowers and Larkin (2009) have put forward a number of techniques to facilitate the process of establishing connections and patterns among emergent themes, and I selected those that were the most useful or better suited to participants' data. I used a process of 'abstraction', which involved clustering similar themes together. Some themes seemed to almost naturally coalesce, while I placed those themes that seemed to oppose or contradict others at opposing poles – a procedure known as 'polarisation'. I sometimes found that a theme itself was elevated to the status of a super-ordinate theme by virtue of its utility as an organisational device for bringing together and enabling the 'subsumption' of other related themes.

Throughout this process, I found that it was often necessary to go back to the origin of a particular theme in my initial notes (and the participant's words) to re-evaluate its precise meaning and significance. Some themes were less amenable to being clustered into my emergent conceptual structure, and so I discarded these from the analysis at this stage. In some cases, I found that themes could suitably be placed into more than one cluster. When this occurred, I decided to place the theme into all of the clusters, so that I maintained its richness and subtlety of meaning, which would have been lost by placing the theme into one cluster only.

These techniques facilitated my process of clustering emergent themes into higher-order themes known as sub-ordinate themes, which succinctly captured the meaning

of their constituent themes. These sub-ordinate themes were then clustered into groups of super-ordinate themes, which represented a conceptual structure that I felt to be the most apt reflection of the participant's account. I documented steps two to four of my analysis in the form of a table, which permitted it to be organised in the form of a series of columns that clearly demonstrated the stages for audit purposes. Table 5.4., shown below, provides an example of this process and charts my initial commentary and the emergent themes through to the development of super-ordinate themes and their constituent sub-ordinate themes for Rebecca.

**Table 5.4. Example of Analytic Steps One to Four for Rebecca**

Initial Notes	Key Quotes	Line No.	Emergent Themes	Super-ordinate Themes and their Sub-ordinate Themes
				<b>IMPACT ON HER IDENTITY</b>
Desires for her life to have meaning – this attained through meaningful work Desires to help others and contribute to society Wants to feel useful	Erm, just for it to have some meaning. So, if I did a job that helped people or if I could see the world or.... Doin' a job that I felt was useful to society and helping people	<b>371-374</b>	Desires for her life to have meaning  Desires to help others and contribute to society  Wants to feel useful	Questioning the purpose and meaning of work
Desire to do something worthwhile with her career / life  Big corporation – profit- seeking, selfish – making money as foremost objective – she does not want her labour to be used to this end, it would depress her	I think that's why I chose the arts because I would struggle to work for a big corporation, that was just making them wealthier. I don't like the idea of that, I think I wouldn't think it was worthwhile, it would probably just depress me, so.	<b>374-379</b>	Desire to do something worthwhile with her career / life	Questioning the purpose and meaning of work

#### **5.3.3.5. Step Five: Analysing the Next Participant**

Steps one to four were repeated for each participant in turn. My understanding had inevitably been altered by the data that I had previously encountered and this affected my approach and relationship with the next participant's account. For example, I found that there was a temptation to attend more closely or attach more weight to specific aspects of a participant's account because it had become familiar from earlier participants. I was also inclined to look for, and readily accept, instances of meaning because they reinforced themes derived from other participants' accounts. It was therefore important to the integrity of my analysis that I took care to suspend or bracket the ideas and themes that had arisen from my analysis of previous participants, so that new themes could emerge independently.

#### **5.3.3.6. Step Six: Identifying Patterns across Participants**

The final step of my data-analysis process represented a further elevation of the analysis to a more abstract or conceptual level by examining how the super-ordinate and sub-ordinate themes for each participant were shared by the group as a whole. I found that the super-ordinate and sub-ordinate themes for the participants contained some overlap and redundancy, which was expected as my analytic stance up to this point had aimed to capture a rich and detailed record of their main concerns, rather than concerning myself too much with the demarcation of these.

I addressed this superfluity at this stage by clustering participants' themes into master themes and their constituent sub-themes for the group as a whole. These master themes were higher-order theoretical concepts that were a more parsimonious representation of the most salient and important aspects of participants' experience, although they still maintained their idiographic character by being grounded in the participants' accounts.

I conducted this process along similar lines to those described in step four, which established links among my emergent themes, although the level of analysis was being

conducted at a higher conceptual level. I cut and pasted the super-ordinate themes and their constituent sub-ordinate themes for each participant into a new document and arranged these so that they all could be cross-referenced with one another. I then began to search for connections, patterns and discrepancies among these, which entailed forming assessments of how common or unique themes were and how they converged and diverged from one another. For example, I asked how a particular theme for one participant may help to facilitate my understanding of the other participants' themes. Throughout this process, I discarded some themes, while others were subsumed into themes that were more clearly-defined and well-established.

My re-examination of participants' themes led to a re-configuration and re-naming of themes. There were many plausible combinations of themes that also would have provided a suitable and accurate encapsulation of participants' experience; however my final choice of arrangement and ordering of themes was based on what I thought was the most succinct and parsimonious conceptual structure.

I tabulated this stage of the analysis to chart the process of how the participants' themes were clustered into master themes and their constituent sub-themes for the group as a whole. I have provided an excerpt from the tabulated analysis showing how the process worked for Alison in Table 5.5. below. It can be seen that I have presented her original super-ordinate and attendant sub-ordinate themes in the left-hand column, while the right-hand column shows the outcome of the clustering of these into higher order sub-themes that constitute their respective master themes, which have been denominated by the colours green, turquoise and yellow. The full table documenting this stage of the analysis for all of the participants can be found in Appendix XI.

**Table 5.5. Example of Step Six Demonstrating Alison's Themes Clustered into Master Themes and their Constituent Sub-Themes**

ALISON	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
<p>FEELING VULNERABLE</p> <p>Easily exhausted</p> <p>Unpredictability of mental health</p> <p>Planning her actions / tasks</p> <p>Uncertainty of her material circumstances</p> <p>Feeling entrapped</p>	<p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p> <p>Entrapment</p> <p>Entrapment</p>
<p>QUESTIONING HER LIFE</p> <p>Impact on her outlook</p> <p>Planning her future</p> <p>Feeling of stagnation</p> <p>Feeling of missing out</p>	<p>Hope and Despair</p> <p>Hope and Despair</p> <p>Regression and Dependency</p> <p>Regression and Dependency</p>
<p>QUESTIONING HER SENSE OF SELF</p> <p>Responsibility for her circumstances</p> <p>Low confidence and self-esteem</p> <p>Impact on how she sees herself</p> <p>Comparing herself with others</p>	<p>Waste, Failure and Blame</p> <p>Stigma and Shame</p> <p>Loss of Expectation and Disorientation</p> <p>Regression and Dependency</p>
<p>IMPACT ON SOCIAL PERCEPTIONS</p> <p>Feeling stigmatised</p> <p>Feeling socially isolated</p>	<p>Stigma and Shame</p> <p>Paralysis and Withdrawal</p>

**Key: Master Themes**

	Fall from Grace
	Vulnerability
	Angst

### **5.3.3.7. Establishing Recurrence of Themes**

To enhance the rigour of my analysis, I undertook a formal test to show the prevalence or recurrence of my master themes and their constituent sub-themes across my sample. To be deemed recurrent themes had to be present in at least half of my sample of participants. I arbitrarily selected this figure, as it seemed to represent an appropriate standard that would lend further weight to the validity of my findings, by permitting the identification of a strongly associated set of themes among participants. The extent of recurrence of these themes was obviously affected by how they were defined and organised, with those that were broader in scope having more recurrent episodes than those that were more specific in nature.

In Table 5.6. shown below, I have illustrated the presence or absence of the themes in my sample of participants before indicating if the theme is present in over half of my sample. It can be seen that each of my themes are well-represented in my data set; all of the master themes are represented in all participants and all constituent sub-themes are present in over half of the participants. Only in Jessica's account was one of the constituent sub-themes (i.e., Waste, Failure and Blame) absent, as she did not raise these issues in her interview. I discuss the implications of the recurrence of my themes in more detail in Chapter Ten of this thesis, where I consider the quality and validity of my work.



**Table 5.6. Recurrence of Master Themes and their Constituent Sub-Themes for the Group**

Master Themes and their Constituent Sub-Themes	Participants												Present in Over Half of Group?
	KATE	LAURA	JESSICA	ALISON	SOPHIE	ELIZABETH	LOUISE	REBECCA	MARK	FABIO	PAUL	PAULA	
<b>A. FALL FROM GRACE</b>													
Loss of Expectation and Disorientation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waste, Failure and Blame	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stigma and Shame	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>B. VULNERABILITY</b>													
Paralysis and Withdrawal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entrapment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>C. ANGST</b>													
Hope and Despair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Regression and Dependency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

#### **5.3.4. Reflexive Commentary on My Data-Analysis Process**

I found the data-analysis stage to be the most painstaking and difficult part of the entire research process; it took a long time, a lot of hard work and, above all, patience. Being new to IPA, I was applying its methodological approach and method for the first time; however, I was pleased with how quickly I became familiar – as well as increasingly confident – with the process. Given that IPA can be regarded as a particular mindset, rather than a standardised method (Smith, Flowers & Larkin, 2009), I therefore took comfort in the considerable scope afforded by IPA to explore participants' data in a manner that I was comfortable with, without being restrained by the fear of making errors, especially in the early stages.

I struggled with the vast amount of raw data that was multiplied many times over by my generation of secondary data, which included initial notes, commentary and themes of varying degrees of abstraction. My main fear was that I would be unable to competently synthesise this data into a coherent and credible account that would do justice to participants' accounts.

However, by breaking the data-analysis down into stages, I settled into a pattern of setting myself targets each day, so that the analysis became more manageable. This also helped my analysis to stay on course and meet deadlines, which helped to allay some of my anxiety concerning the analysis process. I found it to be a hugely rewarding experience, completing the final analysis, and to be left with three succinct and credible master themes that had been derived through a rigorous and transparent process, which I had carefully and fully documented.

A significant part of my data-analysis was the supervision process, and it is important that I reflect on its challenges, struggles and achievements, as it helped to shape my analysis and contribute to the final findings. As I have already described, I had extensive discussions with my supervisors throughout the data-analysis process, and these were especially important because it was my first attempt at IPA.

I found it to be a very uncomfortable experience sharing my analysis and findings with my supervisors, especially for the first time. I felt out of my depth and feared being told that my themes lacked credibility, or that it was not clear how I arrived at my findings and that my claims were not adequately grounded in the data. However, I actually found the supervision process to be very helpful and enjoyable, especially during the later stages of my analysis, when the focus of our discussions turned away from the rather dry and nitty-gritty aspects of the data-analysis process, and towards the possible interpretation of themes and the implications of these.

My supervisors were supportive throughout the analysis process, and helped to check the coherence of my account and the consistency of my analysis. For example, they would read the transcripts before seeing my analysis of them, also making notes of what they thought to be the most salient themes. We would then compare findings and discuss the extent of their convergence and divergence, and the reasons for any similarities and differences in our interpretations. It was this process that helped to develop my understanding of how there could be more than one equally legitimate interpretation of participants' accounts.

For example, I was surprised by how widely our interpretations differed sometimes, as my supervisors would often highlight issues that had not occurred to me, or they might prioritise an aspect of a participant's experience that I considered to be of less significance. This stimulating process helped to test how robust or viable my analysis was, as I would have to defend my interpretation against the alternative viewpoints, and it also served to improve the rigour of my work, if I felt that I had to go back to participants' data and rethink my analysis.

I also maintained a critical awareness of my own role in the data-analysis process and this was part of my ongoing reflexive practice throughout the research process. I felt that my 'insider' status, discussed in the first section of this chapter, was helpful, rather than a hindrance or threat to the integrity of my findings. It meant that my understanding of this experience enhanced my capacity (or sensitivity) to be able to relate to participants. This enabled my analysis to detect aspects of participants' accounts that might have been missed by those researchers who were 'outsiders' and who had not experienced the phenomenon for themselves.

On the other hand, my 'insider' status meant that I might have become too close to participants' accounts at times. This could have hindered my understanding of them, perhaps missing features that might have more easily been detected by an 'outsider', who was separated from participants by virtue of not having personal experience of the phenomenon. An additional danger of my 'insider' status was that I might have prematurely interpreted participants' accounts in a manner that accorded with my own experience, rather than remaining guided by the data.

My adherence to IPA's principles and techniques throughout my analysis helped to guard against the potential drawbacks to being an 'insider'. They helped my analytic focus to combine a professional detachment with an empathic engagement towards participants (Smith, Flowers & Larkin, 2009), so that I could respond to their concerns in a manner that maintained my focus on the research question.

I did not find myself becoming too involved or 'clouded' in my sense-making of participants' accounts. I was wary of becoming complacent by casually assuming that I understood what was being said or meant by participants, taking care to double check my interpretations, discussing these with colleagues, if it was necessary. I did, however, find that I had a tendency to sometimes impose aspects of my experience and its meaning onto participants' accounts without it being sufficiently grounded in their own words. I found it particularly frustrating if I could see features of my experience in the data, but yet it being too weakly articulated or ambiguous in meaning for my preferred interpretation to be credible. In these cases, I was vigilant against forcing my own meaning onto the analysis by providing an interpretation that was simply not present in the data.

### **5.3.5. Section Summary**

In the second section of this chapter, I have described my own specific formulation of the data-analysis process using IPA. I have provided a step-by-step account of how participants' data were analysed, including the procedures and techniques that I have used to generate my findings. In accordance with IPA's methodology, I have engaged with participants' data in an open manner, using a range of different analytic

stances, while taking care to maintain a reflexive awareness of my own role in the analysis process and my impact on the findings. As part of demonstrating the quality and validity of my research, I have documented my actions at each stage of the data-analysis process in the form of an audit trail, so that my findings are amenable to external validation by others.

#### **5.4. Chapter Summary**

In this chapter, I have presented an account of my method and data-analysis process. These methodological issues, including the design of my research, my approach to data-collection, and the principles and techniques that I have used to analyse participants' data have been governed by my use of IPA and its theoretical and epistemological roots. My own formulation of IPA's methodological approach has led to some interesting and deeply insightful findings, which I have presented in the next three chapters of this thesis.

## **B. PART TWO: Summary**

The second part of this thesis has focused on my methodology, method and data-analysis process. In **Chapter Four** I considered my methodological approach, beginning with a discussion of the theoretical background and objectives of IPA, its epistemological issues, and my rationale for adopting a qualitative and phenomenological approach using IPA. **Chapter Five** has focused on my method and data-analysis, where I described the key decisions that I have made relating to the design of my research, the rationale behind these, and my data-collection and analysis processes. This lays the foundation for the third part of this thesis, where I go on to present my research findings.

## **C. PART THREE: FINDINGS**

### **C.1. Introduction and Overview of Findings**

The purpose of the third part of this thesis is to present the findings from my analysis of the accounts of all 12 participants. This process led to the development of three overarching master themes, with each of these comprised of constituent sub-themes, which I summarise below in Table C.1. These master themes represent an abstract rendering of the most important and salient aspects of the experience of being unemployed with mental health issues for the group of participants as a whole. I have chosen to present these findings in the form of three chapters, with each chapter dedicated to each one of the master themes.

**Table C.1. Master Themes and their Constituent Sub-Themes for the Group**

<b>CHAPTER SIX</b>	
<b>MASTER THEME ONE: FALL FROM GRACE</b>	
“I felt like I had the world at my feet when I was a graduate.”	
<b>CONSTITUENT SUB-THEMES</b>	
(1)	<b>LOSS OF EXPECTATION AND DISORIENTATION</b>  “... you start off up here and then you end up ... you just feel like you've lost everything. ... the whole rug has been pulled from under me at the moment.”
(2)	<b>WASTE, FAILURE AND BLAME</b>  “ ... what I do with my life, what I can do with my life, at the moment I feel like I'm wasting it, like it's worthless. ... I feel like I've failed.”
(3)	<b>STIGMA AND SHAME</b>  “I just get made to feel like a cretin, er, you know, like a lower class person, that's how it all makes you feel.”
<b>CHAPTER SEVEN</b>	
<b>MASTER THEME TWO: VULNERABILITY</b>	
“I'm scared that I'll lose the tenuous grip on my sanity that I have at the moment.”	
<b>CONSTITUENT SUB-THEMES</b>	
(1)	<b>PARALYSIS AND WITHDRAWAL</b>  “I reach the point where I'm just sat in my room in the dark doing absolutely nothing, just staring at the wall.”
(2)	<b>ENTRAPMENT</b>  “I just have no way of breaking the cycle at the moment.”
<b>CHAPTER EIGHT</b>	
<b>MASTER THEME THREE: ANGST</b>	
“I just hope this isn't the end. I don't want this to be the rest of my life.”	
<b>CONSTITUENT SUB-THEMES</b>	
(1)	<b>HOPE AND DESPAIR</b>  “Oh, it kills you, especially if it's a job ... you can see yourself doing, then you've lived your life. ... then you don't even get an interview for it and you're, eh, bloody hell.
(2)	<b>REGRESSION AND DEPENDENCY</b>  “I'm 28 and it's like, I'm at the stage I was at when I was like 16 ... .”

The three master themes are presented in an order and manner that is consonant with participants' narrative and understanding of being unemployed with mental health issues as a process. I detected a strong temporal dimension to participants' sense-making of their experience, which could be conceptually broken up into three clearly discernible stages of great significance to them. These stages, while not formally recognised as such, help to structure and contextualise their sense-making of their experience. The master theme of **Fall from Grace** is presented first because it relates to the pivotal event of their descent from the esteemed position of university graduates into unemployment with mental health issues. This is central to the meaning that participants' ascribe to their experience and is the continuous thread by which the master themes of **Vulnerability** and **Angst** are interwoven.

The master theme of **Fall from Grace** relates to participants' loss of status, prestige and respect as university graduates by becoming unemployed. Their sense of omnipotence and invulnerability that came with their newly-obtained graduate status was lost when they were cast out into the wilderness of unemployment. Participants are left with a sense of **Vulnerability**, which relates to the volatility and unpredictability of their mental health, its impact on their struggle to obtain suitable work, and to get themselves into a position where they feel a readiness to do so. They are preoccupied or caught up in their mental health issues, which leads them to become increasingly entrenched in their unemployment. Their desperation to escape their circumstances and obtain suitable work is checked by their fear of exacerbating their mental health. Participants therefore feel a great deal of **Angst** towards their circumstances: they maintain a sense of optimism and hope of overcoming their difficulties in the near future, but yet they harbour the fear that they will remain entrapped by their unemployment and mental health issues for an indefinite period of time.

## **C.2. Presentation of Themes**

In accordance with IPA's approach (Smith, Flowers & Larkin, 2009), all themes are well-represented in the group as a whole and were deemed 'recurrent', which means



that they were present in over half of all participants, as determined by my test of prevalence (see Table 5.6., p. 131, Chapter Five).

I present extracts from at least five participants per constituent sub-theme to substantiate (and ground) my analysis. I select the most apposite extracts based on their representativeness and utility in demonstrating the similarity and variability, or uniqueness of the individual experience among participants. In doing so, I draw evenly across my sample when selecting extracts rather than from a disproportionate few.

I provide both a phenomenological and interpretative commentary alongside each of the presented extracts to show how these relate to my derived themes. This helps to construct a narrative that draws participants' experience together into a coherent and viable account. In accordance with my commitment to reflexive practice, the interpretative activity that draws on my own experience and knowledge of being unemployed with mental health issues is explicitly considered at the end after the themes have been presented.

## 6. Chapter Six: Master Theme One: Fall from Grace

**“I felt like I had the world at my feet when I was a graduate.”**

### 6.1. Introduction

The first master theme of **Fall from Grace** relates to participants' loss of status, prestige and respect as university graduates by becoming unemployed. The title of the theme refers to the idiomatic expression that is also closely associated with the Christian theological doctrines of the fall of man and original sin, which derive from the biblical story of the expulsion of Adam and Eve from the Garden of Eden for their disobedience to God. Participants similarly experience a metaphoric fall into sin. They have undergone a major transition in their lives: from a vaunted and lofty position of high-esteem, rank and importance as university graduates, with seemingly bright prospects for a privileged future, they experience a dramatic descent into a lowly state of unemployment with mental health issues. Participants' response to this fall and the meanings that they ascribe to it are organised around three constituent sub-themes: (1) **Loss of Expectation and Disorientation**, (2) **Waste, Failure and Blame**, and (3) **Stigma and Shame**. I explore each of these below.

### 6.2. Loss of Expectation and Disorientation

**“... you start off up here and then you end up ...  
you just feel like you've lost everything ... . the  
whole rug has been pulled from under me at the  
moment.”**

Participants experience a **Loss of Expectation and Disorientation** with their unemployment. Their sense of omnipotence and invulnerability that came with their newly-obtained graduate status, along with their correspondingly high career expectations, are lost when they enter unemployment, which they experience as a casting out into a wilderness. The magnitude and severity of participants' Fall from

Grace is clearly evidenced by the juxtaposition between their understanding of their circumstances upon graduation and their subsequent descent into unemployment. Upon graduation, participants were in buoyant spirits and harboured a strong sense of success that imbued them with confidence. This was accompanied with a sense of strong optimism for their future and employment prospects. Participants felt a sense of omnipotence and of having “the world at [their] feet”, as they eagerly anticipated the tremendous range of high-flying opportunities that they presumed were awaiting them. They felt in command of their own destiny and believed that they were capable of pursuing any career that they pleased:

“I felt like I had the world at my feet when I was a graduate. I felt that I was gonna walk straight into this amazing career job ... . So, I was gonna be fighting them off with a stick, you know, that's what I was told, er ... .”

Louise

“I'll get my degree, I'll start working straight away, you know.”

Paula

Their high spirits, confidence and optimism towards their future at this time, even trumped the negative constraints imposed upon them by their mental health issues. They considered themselves to be no different to their peers in all respects and seemed to disregard their mental health as a potential hindrance to their chances of securing employment after university:

“I think like anyone else, you think you're gonna get a job. It's nothing to do with mental health or anything like that. You think there's gonna be a job out there ... .”

Kate

In stark contrast to these feelings, participants describe life after graduation to be radically different to what they thought it would be like prior to graduation. They are hugely disappointed with the direction that their lives have taken since graduation, having failed to meet any of their high expectations relating to their careers and what they thought they would be able to achieve with their degrees:

“It hasn't been anything like I expected it to be.”

Mark

“I've never not worked or not studied so ... and now I don't do either. I didn't expect this to happen.”

Laura

Some participants describe the moment of realisation that their hopes and expectations are in vain as a flat and empty end to their student years, which leaves them feeling deflated. Their sullen feelings towards their own circumstances are in stark contrast to the joy of their peers and friends, who have reason to rejoice:

“Basically, it [post-university] wasn't as exciting and uplifting as I thought it would be. Everyone else was celebrating and it was nothing for me.”

Jessica

For other participants, the realisation that their hopes and expectations have failed to materialise post-university is experienced suddenly as a surprise, like a jolt that leaves them seemingly stunned with disbelief:

“It [post-university] seemed a bit of a shock.”

Paul

Participants struggle to come to come to terms with their unemployment. Their shock and disbelief relates, in part, to their high expectations and sense of invulnerability that unemployment is something that would and should not have happened to them. They held such a strongly optimistic outlook towards their lives prior to graduation that they felt an inevitability that they would obtain suitable employment, as if it was predestined to happen to them just as much as it was for their peers and friends:

“Everyone was just starting posts and jobs and stuff, and I just, I dunno, I just keep quiet, it kinda upset me because it was meant to happen to me as everyone else.”

Sophie

The sudden manner in which their entire career and life plans are disrupted is experienced dramatically, as if they are cast into the air and thrown into disorder, leaving participants feeling disorientated and confused. They lose their poise and balance, as they struggle to regather themselves by finding their bearings, leaving them feeling a great deal of uncertainty towards themselves and their circumstances:

“ ... the whole rug has been pulled from under me at the moment.”

Louise

Participants express the enormous negative impact of their unemployment in terms of how they think and feel about themselves. For example, the combined effect of being unemployed with mental health issues is experienced as a double physical assault on their dignity and sense of pride. They view unemployment as one of the worst things that could have happened to them at a time when they are already weak and vulnerable because of their ongoing mental health issues. Participants believe that they would have fared better, especially in terms of their mental health, if they had made a seamless transition from university into employment, rather than experience unemployment immediately after graduation:

“Yes, I felt like it's been another kick in the teeth and I wasn't feeling happy anyway ... and it's knocked me while I was down ... the last thing I needed after graduating.”

Paul

“Yes, um ... I don't think I would have probably suffered it so much if I wasn't unemployed. I think if I'd had quite a smooth transition from university and got the job I wanted, it probably would be different and I wouldn't have suffered with it.”

Paula

Their lives seem to have been turned upside down and taken away from them; they have not only lost what they have worked for, but also what they do not yet have and strongly hoped or expected would be – a career and the start of a new life as adults:

“Being unemployed you haven't, all you've done is lose, it's like the complete opposite, you start off up here and then you end up ... you just feel like you've lost everything ... .”

Louise

Participants have effectively left university only to find themselves to have entered a “desert”, which indicates the disorientating change in landscape, as they are now confronted with a very different, less forgiving terrain. It represents a harsh economic climate – barren, lifeless and desolate of opportunity – and their almost hopeless struggle to succeed in the highly competitive environment of the graduate job market:

“I just felt, right, I felt like I literally just opened the door and walked into a desert, just, just nothing there, and ... yeah that's where things started to become more difficult, I found.”

Fabio

For some participants, the wilderness of their unemployment is also reflected in their sense of an incomplete self and identity. Their unemployment represents a “void” or nothingness, which is felt as an emptiness or absence of identity, as there is nothing to replace it, leaving them with a huge space to fill. In this sense, being unemployed is considered to be a non-identity or an anonymous sense of self as unknown:

“The void of identity I suppose, my identity as a graduate ... just gone.”

Elizabeth

Other participants, by contrast, express feeling a more nebulous sense of self, which is perhaps an indication of their disorientation in relation to their circumstances. They are altogether unsure of the impact that being unemployed with mental health issues has on how they see themselves, although they do now think more deeply and seriously about themselves because of their circumstances. Their pauses and hesitations indicate the difficulty that they have when attempting to describe themselves, and rather than engage with more abstract and profound notions of self, participants are inclined to focus instead on what is to them the more salient and problematic pragmatic realities of coping with day-to-day life:

“Er ... I think it's just made me question my identity more ... I don't know if it's changed it.”

Rebecca

“Er, I don't know. I've always been quite a cautious person that tended to get stressed out, but ... er, I don't know, I just find it harder to cope with little things now ... .”

Alison

### 6.3. Waste, Failure and Blame

**“ ... what I do with my life, what I can do with my life, at the moment I feel like I'm wasting it, like it's worthless. ... I feel like I've failed.”**

Participants' unemployment seems to reduce them to the level of mere mortals where they are now fallible and subject to reproach – the very opposite to their feelings of success prior to their unemployment. The constituent sub-theme of **Waste, Failure and Blame** relates to participants' sense of waste and failure because of their unemployment and the questioning of themselves, including the role of their own actions and responsibility for their circumstances. Their self-worth is left undermined and is accompanied by feelings of deep unhappiness and anger towards themselves.

Their value as university graduates, who originally harboured high expectations and ambitions of using their degrees to pursue a career that fulfilled their aspirations, is drastically diminished by their unemployment. They not only feel an enormous sense of unnecessary waste, but a humiliation as their dreams, hopes, skills and abilities – what they have to offer the world – are seemingly unwanted and disposable, as they are washed away as unimportant and to be forgotten about:

“Because of being a graduate and you know the, the, I need to be working to actually use some skills and fulfil my own expectations of myself. ... so your feelings of self-worth just go down the drain.”

Elizabeth

Their sense of waste relates to their feelings of being useless and unproductive, as they are unable to make a positive contribution, which means that they lack a meaningful and significant purpose in life. They are wasting their potential and this reinforces their pre-existing feelings of inadequacy from having mental health issues. The combination of the two often leads them to feel a sense of futility as they express



bleak and self-pitying sentiments, and in some cases, to question the value of their existence:

“I don't think, like, in terms of what I do with my life, what I can do with my life, at the moment I feel like I'm wasting it, like it's worthless, there's no point me being here. It gets like that a lot ... just makes me feel really shit about myself.”

Sophie

They struggle with feelings of guilt, as if they are punishing themselves for their failure, by believing that they have become a burden on others and on society in general. They feel “worse than worthless” and so instead of adding something of (positive) value to society, they have become a (negative) drain – of having a value less than zero – by using up precious resources and taking them away from others, as if they do not deserve to exist:

“I'm worse than worthless because I'm taking up other people's energy etc. ... . I'm just using up oxygen and space and government money, and all the rest of it, I'm not worth it.”

Laura

Participants' misery and sense of failure towards their circumstances is magnified by their comparisons with their peers or friends, who have gone on to succeed by finding suitable employment. They are especially drawn towards the material acquisitions of their friends that stemmed from having jobs and money, which serves only to make them feel worse by reminding them of their own dire material and financial circumstances. Participants feel as if they have lost out, as in a game, where success is gauged in material terms:

“... I feel like I've failed. I think I'm the only person out of a class of seventy who didn't get a job.”

Sophie

“You don't have any money for a car, you don't have anything that your peers have, you just feel like a failure ... . I felt like a loser, a total loser ... .”

Paula

There is also a shared feeling among participants that they have let others down, particularly their parents, as if they have broken an unspoken but implicit agreement, or a perceived obligation to fulfil or repay the faith, hopes and expectations of those who have invested time and resources in them. This weight of expectation from others, which has been built up over the course of their education, has created a pressure to convert their academic success into a successful career, which they have hitherto been unable to meet:

“... when you leave school, you'll go to university, you'll have a successful career and I think that's also been the expectation of my parents as well, and now I haven't really delivered that ... . I was very low, I felt like a failure ... I felt like I'd let my parents down 'cos they helped fund five years of fees and accommodation.”

Paul

Their misery with their plight leads them to ponder their circumstances. They demonstrate a strong need to understand how and why they are unemployed, which entails a questioning of themselves and the role of their own actions and responsibility for their circumstances:

“I do still spend a lot of time thinking how have I wound up in this situation.”

Mark

Participants' reflect on the value of their decision to go to university and feel a great deal of regret with their choice, given their unemployment and the debts they have

incurred. They feel a sense of wasted effort and resources that have been spent uselessly and to no avail, as they are seemingly no better off than before they went to university. They have been cast into a barren and desolate wasteland bereft of fruitful material reward for their past hard work, left with nothing but a bleak outlook of being able to cultivate viable employment opportunities for their future:

“... like you've wasted, you've wasted all that time like ... I think I'm 34, 35 grand in debt with student loans and it's like I haven't got anything to show for it. It's like I'm on 55 pound a week jobseekers' [allowance] with no job and there's no point really, there was no point doing it, I don't think. ”

Kate

“I feel I've like put so much effort in with my uni work, I'd like to do something that will build on those skills that took time to develop, rather than bar work, which I could have done three years ago.”

Rebecca

Some participants, by contrast, feel a strong sense of injustice towards their unemployment, as if they have been cheated. Rather than this sense of unfairness stemming from their feelings of having a right or entitlement – implying a guaranteed access – to jobs that they have been denied, participants instead feel that they have a legitimate claim to suitable jobs based on their qualifications, experience and hard work. Participants feel that they are worthy of suitable employment and deserve a fairer, better outcome based on their own merit. They have worked hard at school and university in good faith and this has been left unrewarded:

“I feel like it's not fair. I feel like I work really hard at school and uni to carve a life out for myself and I've just ended up here stuck on benefits, it's just not fair. ... all of my friends around me have got

good careers, have all bought their houses, are planning their weddings ... I feel like I deserve to be doing all that stuff too ... .”

Louise

This retrospective examination of the decisions that they have made serves to bring their unresolved mental health issues into sharper focus by prompting them to take stock of these. This often only compounds their misery as their issues remain unresolved and troublesome to participants:

“I think well I shouldn't have tried going back to university to do another degree because it hasn't got me anywhere. I haven't shaken off my mental health problems and used up all that time and spent all that money.”

Paul

Indeed their mental health issues are inextricably bound-up with this self-examination and play a significant role in shaping their feelings of responsibility for their unemployment. For some participants, the integral role played by their mental health issues in their unemployment entails a further retrospective examination of their management of these. This leads them to castigate themselves for not taking earlier and more decisive action to tackle their underlying issues, which seems to be an indirect admission of responsibility for their unemployment:

“I feel responsible [for his unemployment] more in the sense that I should have dealt with it [his mental health issues] earlier, maybe at a younger age, maybe when I was 14 and I realised I was feeling things that maybe a 14 year-old boy shouldn't do ... or maybe it's not the average sort of feelings that I should have and I thought I should have said something and dealt with it so when it would happen again in the future, I'd have a better grasp of dealing with the situation.”

Fabio

They consider themselves to be unemployed and unable to pursue their career of choice wholly, or in part, because of their mental health issues, except for Paula, who is the only participant whose mental health issues developed after her unemployment. In her case, she initially attributed her unemployment to personal failure, before re-evaluating this view in recognition of broader economic factors and the tight labour market, which was outside of her control:

“Yeah, I did [blame herself] ... not getting good grades, um, not doing this that, but I think actually I did realise it was a bigger problem than just me because a lot of my friends were in the same situation and not being able to find jobs. So I did realise it wasn't just me.”

Paula

However, participants express wide-ranging views in the extent to which they feel responsible for their unemployment, and the role that their mental health issues play in the onset and perpetuation of their circumstances. Some participants, for example, blame their situation wholly on external factors that they believe to be beyond their control. In doing so, they are able to exonerate themselves from any sense of responsibility or guilt for their unemployment. By adopting this belief, they are able to portray themselves as victims of circumstance, and consequently consider themselves to be just unlucky that they are unemployed with mental health issues:

“Er, because for a while, it was outside factors that were stressing me out and now, first it was being at uni and then it was applying for benefits and not having any money and all the stress that comes with that ... . I think I've just been really unfortunate. I don't think this happens to everyone ... . I don't think I'm any worse a person for having these problems, I'm just unfortunate that I'm suffering from them. So, I think it's like any other illness, you just, it's just a horrible thing you got ill, doesn't make you a horrible person that you are ill.”

Alison

Other participants, by contrast, claim that their mental health issues lead them to feel responsible for their unemployment, believing their difficulties to be a punishment or vengeance for past misdeeds because there is something inherently bad or sinful about them. This sense of guilt is explored further in the next constituent sub-theme entitled **Stigma and Shame**:

“Mental health makes you feel like it's [her unemployment] your own fault and that you've brought it on yourself in some way and you deserve it . . . . I just used to rack my brains thinking I must be just a terrible person when all this stuff's happening to me.”

Louise

#### **6.4. Stigma and Shame**

**“I just get made to feel like a cretin, er, you know, like a lower class person, that's how it all makes you feel.”**

Participants' Fall from Grace and descent into unemployment with mental health issues has left them feeling marked or tarnished. They have now become subject to stigma, prejudicial attitudes and criticism, as if they have fallen into 'sin' for doing something wrong by becoming unemployed with mental health issues. This state of affairs is in marked contrast to their esteemed position as university graduates and the pride, achievement and admiration from others that they felt upon graduation. The constituent sub-theme of **Stigma and Shame** relates to the stigma that participants feel exists towards being unemployed with mental health issues, and their attempts to hide their circumstances from others.

They refer to this stigma throughout their accounts and they feel that there is something disgraceful or shameful about being unemployed with mental health issues.

For example, participants' unemployment means that they have become labelled with generalised negative stereotypes of the unemployed, such as being parasitic, dishonest and undeserving:

“Doley, benefit cheat, er, you know lazy good for nothing, sponging off our taxes, all of that ... .”

Laura

Participants are deeply uncomfortable with these pejorative terms, which are incongruent with their identity as university graduates. They consider this prejudice to be wholly inaccurate, unjust and a misleading characterisation of themselves and their circumstances. Instead they feel that they have wrongly and undeservedly become unemployed, as if it is an accident or a terrible mistake. Their proud status as university graduates, which they wear like a badge of honour, confers on them an elevated social and economic rank that makes them feel unworthy of their current lowly status. They feel a great sense of injustice as they have been made to feel that they have been degraded or demoted in rank or status, sometimes comparing themselves to socio-economic groups that they regard to be beneath them. Their unemployment therefore leaves them with a sense of lost pride and challenges their dignity and intelligence as university graduates:

“I felt that, the big difference really is pride, I suppose. I had something really to be proud of when I graduated. ... I just get made to feel like a cretin, er, you know, like a lower class person, that's how it all makes you feel.”

Louise

“There's like a stereotype around [her home town] anyway of the chavvy drug addict population [laughs] having to be on benefits and I'm not, I'm a university graduate who's just mentally ill. I can't get a job. It's not good, feel like I've been put in the wrong category.”

Sophie

“I'm not choosing to be unemployed, you know.”

Alison

They also feel embarrassment, and even shame, for being unemployed, and they try to avoid admitting that they are out of work to others. They prevaricate or put a positive spin on it by rationalising it in one way or another to mitigate the extent to which others perceive them to be responsible for their circumstances. Participants' response is indicative of the guilt that they feel for the 'sin' of being unemployed. They clearly have a sense that they are doing something wrong by being unemployed and that they should be employed and putting their lives to productive and meaningful use:

“I just find the whole thing [her unemployment] very uncomfortable, especially when you meet people and they say 'what do you do for a living?' Oh my god, you bumble [starts mumbling] 'well you know, yes, blah, blah, blah, my degree's in this and I used to do this.' 'But you're not working at the moment?' 'Well, no.' The recession, that's what I'll blame, you know, it's just so uncomfortable.”

Laura

“Yeah I do brush over it, I don't want to tell people that I haven't been working for a period of time or whatever, so I just try and focus on the bigger things you know ... I did this, I did that, so sounds like I was actually doing something.”

Paula

Participants are especially concerned about the prejudice surrounding their mental health issues. While they are relatively sure that people will react negatively to their unemployment, they are less certain about the type of response that their mental health issues will receive. At one end of the spectrum, participants feel others might believe that they have very serious mental health issues, perhaps having lost contact



with reality, or that they are weak-minded and need to be stronger; or worse, that they are feigning their difficulties and are simply workshy at the other end of the spectrum:

“I think they [her fiancé's family] did think I was a bit ... they worried that either I was some insane mental person that was sitting in the corner rocking backwards and forwards that their son/brother was having to care for, or that I was kinda putting it on a bit and that I should really get back to work, that I was being lazy. I think they weren't sure where they sat.”

Louise

Participants feel aggrieved and frustrated with the general ignorance and lack of empathy shown towards themselves and their mental health issues by others. They caricature and satirise the crude understanding of mental health issues that they feel is common in society. They do so by typically highlighting the stereotyped view of an individual with mental health issues as blatantly crazy, whereas they understand their difficulties to be far more complex, subtle and multifaceted in nature:

“Er, but other people, I don't really think they understand that they will only believe that you're mentally ill if you're wearing your pants on your head, a pencil up your nose saying wibble [laughs], that's it. ... there's a hell of a lot more going on behind someone's eyes than what, what might be apparent to most people.”

Laura

In contrast to a physical illness or disability, where its limiting effects on participants' capacity to work would be readily understood, the invisibility of their mental health issues, along with their difficulty and struggle, remain hidden and unseen. This prevents others from readily apprehending the nature of their disability, leading participants to feel that they have to constantly defend themselves or persuade others of their difficulty and suffering:

“... if I'd had an operation or I'd been in an accident, that support would have been there and it just wasn't, so I think with mental health you do feel like you have to get permission from people and kind of, you have to justify yourself, look I am really sick, look, look ... because it's invisible, I think.”

Louise

“And then there's also the stigma that you get attached to being unemployed and claiming benefits ... a lot of people will turn round to you and go 'well, you know, why are you on benefits? There's nothing wrong with you.' ... they don't know anything about you, but you just mention it and they'll try and start an argument with you ... .”

Alison

Participants similarly worry that others are doubtful of their reasons for not being at work, and that these are seen as “excuses” that are not genuine or legitimate. They have to negotiate these blurred boundaries between being ill with mental health issues and appearing to be okay or not ill at one and the same time. They are particularly concerned with being branded as lazy and stress that not being able to work because of poor mental health is categorically different to not making the effort to work. Participants seem to therefore attach a greater stigma to laziness than mental health issues: laziness implies that they are to blame for their circumstances, something that they are exonerated from if they are poorly and simply unable to pursue any activity, despite their best wishes:

“I don't know, sometimes I, I'm worried that people think I'm just trying to make excuses.”

Laura

“Yeah, really badly, like I do, do want to get a job, it's not like I'm being lazy.”

Sophie

Some participants feel an added external pressure from others to obtain work simply by virtue of their status as university graduates who have degrees. They feel that there is wide-spread belief that their qualifications and skills automatically render them to be highly employable, which should enable them to enter work without any difficulty. Once again, because their mental health issues are invisible and are not readily apparent, others are less able to understand their full circumstances, which leads them to often erroneously conclude that laziness is the reason for their unemployment:

“They see you as having a degree and having worked hard, it's like 'you're clearly clever enough, why aren't you working? You just must be lazy.'”

Jessica

Their task of obtaining employment, or getting themselves into a position where they feel able to work, is a much more difficult and complicated task than it seems to some people. Participants refer to the enigmatic nature of their mental health issues and the complexity of what is going on inside of their minds, as they confront what to them is the enormous challenge of tackling their mental health issues. This is a major endeavour for them; it involves considerable time and mental resources that go unobserved by others, and yet these issues need to be resolved to an extent where they feel ready to obtain work:

“And then, you get the people who say 'well you're depressed, you just need to cheer up and go get a job.' It's, it's not that simple. So [laughs] you get, er, it's very stressful, it makes your symptoms worse, yeah, it's not helpful.”

Alison

“Er, and it's easy to kinda judge people who, you know, just go and get a job, but it's really not that easy ... .”

Louise

Participants clearly understand the social unacceptability of mental health issues, and they are especially concerned about being discriminated against in a way that will hinder their chances of obtaining and maintaining employment. The uncertainty of how potential employers will respond to learning of their mental health issues underlies their dilemma to open up about them or remain silent on the matter:

“The flip side of that [revealing her mental health issues to others] is that you get judged as someone, you know, mental or psycho or crazy person, so it's a double edged sword. It might mean that people are more considerate towards you and take it into account, but yeah, it also might mean that you get overlooked for jobs or it can have a really detrimental effect.”

Laura

However, their lengthening unemployment complicates the issue because of the gap in their CV that it creates. This puts them in the awkward and uncomfortable position of having to potentially disclose their mental health issues to prospective employers, which they are reluctant to do for the fear that they will be discriminated against:

“... 'cos if I've got a CV that's completely empty after uni, the first thing they're [prospective employers] gonna say is, like 'why didn't you work?' and it would be because of me mental health and so they'd want to talk about that and I'm not prepared to chat about that with them ... . Are they [prospective employers] gonna take someone who has depression and high anxiety or are they gonna take the person who has got good people skills and who is a good orator and all stuff like that? I mean it's dead obvious, you know what I mean. No one, I mean, I wouldn't ever mention it until you'd been hired.”

Sophie

Participants therefore express a great deal of insecurity about being discriminated against because of their mental health issues. Their tendency to focus on these, rather than on other aspects to themselves, further underscores the salience and significance of their mental health issues to their sense of self and to their lives in general. The depth of their concern even extends to the point where they worry if their underlying mental health issues can be detected or inferred by others from their outward physical and behavioural manifestations of these difficulties. This suggests that participants' confidence in themselves has been shaken, as the prospect of being exposed or found out in this way is deeply uncomfortable for them:

“I was concerned that I’d have difficulty getting through the interview stages of the applications because they would see me as, the interviewees, er, the interviewers would see me as someone who has not got a lot of motivation, who isn't upbeat and cheerful and someone who they'd want to employ.”

Elizabeth

“If my appearance from my mental health issue has affected me in people's [employers] decisions about me as a person, whether I can cope with things like that?”

Jessica

Participants are strongly reluctant to divulge their mental health issues to others because of the stigma surrounding them. They express a greater sensitivity towards their mental health issues and often downplay their unemployment by comparison, as if they believe that it is less socially unacceptable to be unemployed than to have mental health issues. They also go to great lengths to hide or disguise their difficulties from others, particularly their friends, as they wish to protect their reputation or public image. They desperately strive to maintain a veneer of normality by suppressing their underlying feelings in order to fit in with those around them:

“Lots of people just think I'm normal, but just looking for a job, which in my own head, I feel really anxious and a lot worse than that, but I always try and, around other people, I'll never try and show that ... .”

Rebecca

Jessica below, typifies participants' response, as they wish to avoid the risk of revealing their mental health issues and evoking a negative reaction or judgement, which might lead them to be held in a lower regard or to become ostracised and shunned by others:

“Sometimes I tell someone, so like if I told my friend with the young boy, not that she'd be like 'I don't want to be friends with you any more.' I don't know, I think she'd think more negatively of me.”

Jessica

Participants describe the constant struggle to conceal their mental health issues by enacting a “front” or a “mask”, which both relate to the charade or pretence of feigning an external appearance that conflicts with how they feel inside. This pretence is indicative of the strong normative pressures operating on them to conceal their issues and the shame that they feel, but it is also a testament to their resilience and courage to try and carry on as normal, despite their difficulties. However, by adopting this façade, they are concealing their misery and possibly prolonging it by maintaining the status quo, as they struggle on with day-to-day life:

“So, I don't know, there's definitely me that I try to put across to other people, the functional ... I'm not a crazy [Laura], and then there's the real me. ... I've always tried to put myself across as a typical person because that's what I've had to do in order to get through a job interview ... . Er, the person I am at home when the curtains are drawn and, er, you know, then the mask can slip.”

Laura

“Er, people describe me as happy and positive, etc.  
but I probably put that up as a front.”

Jessica

Participants understand this public-private dichotomy by conceiving themselves to have a dual persona. They tend to describe their “public” self in positive terms, which they believe is viewed by others to be affable, high-functioning and without a care in the world. However, this lighter side conceals their “private” self, or their mental health issues that they consider to be a wholly negative and largely unknown “dark” side to their character, which they wish to remain hidden from others. This “public” self is actually the polar opposite to how they really feel inside, which belies their experience of great fear towards their circumstances, including how they feel threatened by their mental health issues and the uncertainty that stems from these. Nevertheless, they seem to still maintain hope that they will somehow be able to work their way through their difficulties, behind the scenes, while continuing with this charade without buckling or exposing their mental health issues to the outside world:

“I think there's two mes. People are very shocked when I tell them that I've got anxiety because they think I'm so confident and bubbly and chatty and friendly and easy to meet, and I know that I am. But then, there's this other side of me that is just like paranoid and scared and terrified, and think that the world is dead scary, er ... I think if I can treat the anxiety, I'll be a completely happy, friendly, bubbly person without the little dark side.”

Louise

Despite this huge endeavour to hide their mental health issues, participants also feel a strong and conflicting need to share their suffering with others. The use of humour, especially irony, affords them an opportunity to make light of their difficult

and pitiable circumstances by expressing these feelings in a discreet manner, so that they can avoid directly revealing their true circumstances. There is a cathartic aspect to this humour that enables them to vent their negative feelings of misery, distress, anger and frustration with themselves and their circumstances, as if they are and are not calling out for help at one and the same time. This sense of humour also serves to help distance themselves from these negative emotions:

“No, no, no, not happy at all, do you know what I mean? Er, I'm funny. Er, the more miserable you are, the funnier you get, like, er ... . I kind of relate it to Facebook at the minute. It's, you know, if you see Facebook, all those bloody miserable statuses on there – oh, shut up! But I'll put a funny status on and it's like the more fabulous I am on these statuses and stuff, the more miserable I am.”

Kate

## 6.5. Chapter Summary

In this chapter, I have provided an account of my findings that relate to participants' **Fall from Grace**, which is the first of the three master themes to be presented. Participants experience a loss of status, prestige and respect as university graduates by becoming unemployed. This leaves them feeling a **Loss of Expectation and Disorientation** as their sense of omnipotence and invulnerability that came with their newly-obtained graduate status, along with their correspondingly high career expectations, are lost. They have been reduced to the level of mere mortals, who are now fallible and subject to reproach – the very opposite to their feelings of success that they enjoyed prior to their unemployment.

Participants experience an array of negative feelings, including **Waste, Failure and Blame**, which relate to their sense of wasted effort and resources, a failure to translate their degree success into a career, as well as a questioning of themselves and the role of their actions and responsibility for their circumstances. This is



inextricably bound-up with their mental health issues, which play a significant role in shaping their feelings of responsibility for their unemployment. Being unemployed with mental health issues also leaves participants feeling tarnished and susceptible to criticism, stigma and prejudicial attitudes, as if they are living in 'sin'. They struggle to reconcile the **Stigma and Shame** that they feel with their identity as university graduates.

Participants' Fall from Grace therefore represents a major life event that has an enormous negative impact on how they think or feel about themselves. It also leaves them with a sense of **Vulnerability**, which is the subject of the second master theme presented in the next chapter.

## 7. Chapter Seven: Master Theme Two: Vulnerability

**“I’m scared that I’ll lose the tenuous grip on my sanity  
that I have at the moment.”**

### 7.1. Introduction

In this chapter, I present my second master theme of **Vulnerability**, which relates to the volatility and unpredictability of participants' mental health, and their struggle to obtain suitable work or to get themselves into a position where they feel a readiness to do so. This theme follows on from the first master theme as participants' **Fall from Grace** leaves them in a precarious position where their unemployment renders them susceptible to becoming preoccupied or caught up in their mental health issues. This second master theme comprised of two constituent sub-themes: **(1) Paralysis and Withdrawal** and **(2) Entrapment**, which are presented below.

### 7.2. Paralysis and Withdrawal

**“I reach the point where I’m just sat in my  
room in the dark doing absolutely nothing,  
just staring at the wall.”**

Participants experience a **Paralysis and Withdrawal** as they suffer a complete or partial loss of psychological strength and function, which challenges their sense of control over themselves and their lives. They struggle with everyday life and they make a retreat from the outer social world, becoming detached and isolated from others.

Participants, in effect, undergo a paralysis as their mental health issues impair their capability to function, sometimes taking it away completely, which limits their capacity to cope with day-to-day life. Their mindset seems to have slowed down and become more lethargic, as everyday mundane tasks become a chore or a challenge,

which would more normally be carried out almost automatically and without much thought. Their state of mind is confused and they often have difficulty thinking clearly, as even the most trivial and unimportant decisions sometimes become irresolvable. Instead of focusing on the decisions that relate to the bigger realities of their lives and careers, their minds are now struggling to cope with minutiae and irrelevant matters:

“The thought of, you know, would you like a cup of herbal tea or normal tea, I'd be, would really stress me out 'cos I couldn't even make that decision. So the thought of even getting in my car, going to work and having to do something quite important was like, my mind couldn't cope with it ...”

Louise

They lack energy and motivation, expressing the enormity of effort that they feel is needed to act and accomplish even the most basic of tasks. For example, Alison, who also has Chronic Fatigue Syndrome, describes how the organisation and planning necessary for the completion of even the simplest of tasks is immensely stressful and time-consuming, leaving her feeling exhausted:

“I'm like, some days I won't get dressed because it's just too much effort to go and get dressed ... just going to make a cup of tea or something to eat that will completely knacker me out ... . I try to do things without thinking, I try not to worry, oh, if I go and do this, am I gonna get tired, 'cos I know the worrying itself is going to make me tired. I just do try to get on with things, but it comes to a point where I will just go and have to sit down or lay down and go to sleep ...”

Alison

Their diminished motivation hampers their task of job searching, sometimes to the point where they consider the size of the task to be insurmountable and too unbearable for them to face:

“It was a bit ... the immense task, as it seemed, of applying for jobs was just overwhelming at that point. So I couldn't face myself to do it.”

Elizabeth

“Er, past two weeks I've done the bare minimum [job searching] 'cos I went back to being poorly again and then I just lost all ... .”

Kate

During their lowest points, participants find it to be just about impossible to do anything at all; sometimes to the point where their unemployment becomes irrelevant and meaningless to them because they are so unwell:

“... on my worst days I can't get out of bed, I don't even wash my hair, I don't want to wash myself, you know, nothing gets done.”

Laura

“... there's a time when you're so ill ... you don't even ... you're not even thinking about working.”

Kate

For many participants, the prospect of enduring a whole day ahead of them is overwhelming and fills them with a sense of dread and desperation. Their days are fraught with peril, as they are confronted with tasks that seem to be a near insurmountable challenge for them. They speak of having to negotiate the day by putting on a performance, by going through the motions, as if they are switched to autopilot, having each day pass like the one before it:

“I'll wake up and I'll know that I'll be able to be like [sighs] and it's like, you know, it's not just laziness or tiredness, it's a proper in your heart, in your chest feeling of oh my god, I've got to see people,

I've got to put on this fake smile, I've got to pretend that everything's okay ... . I've got an entire day and I have to live through it.”

Sophie

They make a conscious shift in focus from thinking and planning in terms of weeks and months to taking life one day at a time. Not only does this underline the difficulty of daily life for participants and the enormity of effort that they need to get through each day, but it is a necessity, as it enables them to better cope with their more immediate environment by shutting out the uncertainty surrounding the bigger life-framing decisions concerning their future in the long-term:

“I think it [his mental health issues] kind of impacted on the way I think about things in the longer-term 'cos that's something that I stopped doing, like quite consciously, I was right we've got to get through day-to-day kind of thing.”

Mark

“I don't think of being alive in weeks, I think of it in days.”

Sophie

Although participants' inactivity might be perceived as simple laziness to others, it is actually part of an ongoing and complex struggle or process to get well. Their paralysis can be conceptualised as a slowing down or a loss of momentum, which has left them almost stationary and unable to make any meaningful strides forward. Participants' battle against their mental health issues entails a slow and immensely difficult process of rebuilding their mental health by regaining this momentum, like a steam engine that slowly and sluggishly moves forward, as it sets off, gathering momentum as it gains speed until it moves along with ease, almost effortlessly:

“Yeah, it's a momentum thing, it really is and other people have said to me as well, once you've got ...

it's that phrase, isn't it, er, if you want something doing ask a busy person ... 'Cos it does seem to be the case, if you're doing some things, it's easier to add more things to it, but if you're doing nothing, you can very easily get depressed as I did and keep doing nothing. And it can be incredibly hard to get going with anything. So, which I've found."

Elizabeth

This paralysis conflicts with participants' work-ethic and strong determination to carry on as normal like everyone else, which creates a great deal of frustration for them. They are desperate to get on with their lives and they strive to reach a more normal level of function and attainment, but their desire to act and accomplish basic everyday tasks is thwarted by their mental health issues:

"Well, it's pretty depressing, so [laughs]. Well, I guess it's not a nice feeling too ... you want to go and do things but you can't and it's, you know, that's not good."

Alison

"you try and carry on and do things and not stop, but then sometimes you gotta do that."

Mark

Participants have to contend with recurrent bouts of mental health issues and the unpredictable nature of these, which interferes with their lives to different degrees at different times, sometimes by taking it away completely. Rather than consider themselves to be "in" or "out" of an episode, they characterise their mental health issues as an ongoing process where they flit between feeling better or worse:

"... how far into the illness they are or out of the illness."

Kate

Even during their better spells, participants' mental health issues remain with them as a generalised and nebulous feeling in the back of their minds, although they do not spend time thinking about them. Their mental health issues are part of the scenery in the distance located behind the present, giving contrast, context and proportion to the present by shaping their decisions and outlook:

“... you don't sit there and actively think this, it's just constantly all there in the background. So you don't sit there and think about it, it's just always there. It's strange, kind of listening to myself say it to you, 'cos I'm like oh, bloody hell, 'cos you've always got it. It's not like it's a voice in your head or nothin', but there's constantly thoughts all the time, but you don't acknowledge it, it's just there.”

Kate

Participants feel that they have very little control over their mental health issues and are very much at the mercy of them. There seems to be a thin veneer that separates participants from the re-emergence of their difficulties, which lurk ominously and menacingly inside themselves, threatening to resurface at any time:

“I never felt my problems were far below the surface.”

Paul

The volatile and unpredictable nature of participants' mental health issues increases their uncertainty, which challenges their sense of control over themselves and their lives. They acknowledge the extent to which they are in the hands of their mental health issues and that their decisions are often dictated by these, as if they are innocent bystanders watching on from afar to see where their mental health issues will take them next:

“Er, and in a big way I feel like I'm not in control because it's my depression that makes the decisions, er, for me.”

Laura

“So I think my life has become a lot more unpredictable.”

Mark

Participants understand from experience that the deterioration in their mental health issues is often unavoidable and beyond their ability to control, resist or stop. During these periods they braced themselves for the arrival of their mental health issues, which sweep over them like a devastating storm that they have forecast. When it strikes, they have to accept the enfeebling experience of having to concede that it will render them helpless, paralysing their ability to function at all, and leaving them with no choice but to accept it until their symptoms have taken their course and passed:

“ ... but to be honest if I'm going downhill, as it [her mental health issues] gathered speed, there's no stopping it and it doesn't matter what I do, it would, and I would just have to ride it out. I would just have to acknowledge that I feel shit, but I won't feel shit forever and I will come out of it.”

Laura

“you may recover from a spell [of mental health issues], but it will come back. It's not a matter of how, it's a matter of when in my case.”

Fabio

Other participants similarly describe this all-consuming sense of feeling overwhelmed and their loss of control during these periods. They characterise their mental health issues as taking on a form that has a life and character of its own,



which grows until it becomes greater in size or magnitude than themselves, overpowering them and leaving them feeling helpless:

“I'd always had panic attacks and I knew when they would sort of happen and I had ways to cope with them, but it was like they became much bigger than me.”

Louise

Some participants respond to this deterioration in their mental health by psychologically switching off, like a tripped switch on an overloaded circuit board, when things get too much for them to bear. As a consequence of this mechanical breakdown, they experience a complete cessation of thought, which seems to enable them to somehow escape what is going on inside themselves, by closing down their minds and shutting out the outside world:

“I can feel it [his mental health issues] happening, I know it's happening and a lot of the time I know that I can't stop it either and so that is the sort of debilitating part of it really ... um, and yeah I just sort of shut down and stop and that sort of thing.”

Mark

Participants demonstrate a strong reflexive awareness and astute insight into the impact of their mental health issues on their thoughts and feelings. However, their paralysis is such that there is often a disconnect between what they know and how they feel that defies rational explanation, as they have difficulty understanding why they sometimes think and feel as they do. Participants also struggle to articulate the subtle, elusive and insidious nature of their mental health issues on themselves, which are misleading them to destroy their lives against their will:

“I don't understand it either, I'm just in self-destruction mode all the time.”

Sophie

“I can see more clearly how it [his mental health issue] can get into every area of your life very easily ... . I didn't realise how subtle it could be. ... and I couldn't see in a broader term what that could mean for somebody's life. ... I wanted to be like this forthright person who was dealing with a regular amount of stress in a healthy way and that probably drives you away from a mental health conclusion, if you see what I mean, like, you're trying to steer everything out of ... I don't know what I'm trying to say ... um, you ... yeah, until it's not something you've experienced, it's not something you can fully understand is what I think, and so now I've had anxiety problems and depression problems, I'm much more willing to accept that tiny little things can make huge differences in the quality of a life.”

Mark

They express frustration with themselves as they are well aware that their mental health issues often lead them to act in a manner that is detrimental to their best interests. The irrationality of participants' mental health issues tends to get the better of them and prevents them from physically carrying out or performing important activities that are conducive to the progression of their lives and careers:

“I had an interview last week and I didn't go because my anxiety got so bad, I had a panic attack just thinkin' about it, which is absolutely stupid.”

Rebecca

Participants also become entrenched and caught up in their more immediate and mundane day-to-day mental health-related concerns, which overshadow their sense of urgency to overcome the more important and “bigger things” of addressing the issue of their unemployment. For example, the conflict between how they feel and what they know is clearly demonstrated in an excerpt from Kate's account shown be-

low. Her mental health issues distort her priorities by leading her to “feel I gotta do it”, to “feel dirty” and to not “feel as if you're wasting time” engaged in her rituals, but yet she is still able to rationally reflect on these feelings and realise the irrationality of them:

“I can't go out until the house is clean. So, I'd spend all day cleaning the house and then by the time the house is clean, it's too late to go out, but I feel I gotta do it before you can do anything else, because I'm always thinking, you feel dirty because you've not hoovered up [laughs], do you know what I mean? It's like, you don't feel as if you're wasting time. You feel as if you're doing it so you can get on with other stuff, but you need to concentrate on bigger things really, rather than wasting your time on ... . You know, in five years time, no one's gonna give a shit if you've hoovered your carpets, do you know what I mean?”

Kate

Despite participants' awareness of the unproductive and wasteful nature of how they spend their time, this insight does not seem to help them combat these tendencies. Once again, their mental health issues override their capacity to act more rationally:

“... I know, I'm fully aware, this is the thing, I'm really aware of how I think a lot of it [her thoughts and actions] is wrong, but it doesn't stop me from thinking it.”

Kate

It is their struggle against the irrationality of their mental health issues that is crucial to understanding the crux of participants' plight and struggle to obtain suitable employment. They are in all respects capable of work, as they have the qualifications and the ability, but yet their mental health issues prevent them from doing so in a manner that they find very hard to understand.

Participants' mental health issues seem to act as a lens that distorts or exaggerates their psychological and emotional state, which affects how they understand their experience. The full extent of this distortion or irrationality is often unclear or not immediately recognisable to them: it is to a certain extent invisible or well-disguised, as their mental health issues are seemingly not present in themselves, and almost undetectable in the actual content of participants' thoughts and feelings. For example, participants' mental health issues have an insidious impact on their sense-making by distorting their sense of proportion and judgement. Their appraisal of situations or events, even those that are “informal” or casual and relaxed, are often generally regarded to be of a greater magnitude, importance and consequence than they would otherwise perhaps merit:

“I used to be in a brass band when I was younger and I did auditions and solos and all of that sort of stuff and it's sort of quite familiar to me, but now I couldn't do that, anything where I'm just like, you know, just an informal thing is a big deal.”

Mark

A further example of this distorted lens relates to how participants' mental health issues also gives them a “fixed mindset”, which seems to dictate a distorted logic, where they feel compelled to act in a set way to reach their objectives. This entails a narrowing of their focus to one particular activity or course of action at a time:

“And, er, I was more fixated on, I wanted to a ... I want to go down a particular career path and I was very, it was, a fixed mindset was hard to get rid of ... . I've got to do one route, it's got to be right and it was very hard to throw that fixed mindset off.”

Elizabeth

“I find it difficult to concentrate on more than one big life change at a time.”

Jessica

Once again, their decisions become magnified in importance and it is as if they feel that they have no room left in their mind because it is already fully occupied or engaged:

“I just don't have the head space of it.”

Jessica

This fixed mindset is also evidenced by participants' difficulty coping with any events, appointments and engagements that are scheduled to take place at a fixed time in the near future – the prospect of which leaves them feeling constrained, as if they have become enclosed in a small space and feel the urge to escape. Participants' days comprise little activity and are devoid of any routine or structure, which leaves an enormously empty hole in their lives that is unfilled. They have almost no daily duties, obligations or commitments to uphold, and few, if any, social or recreational engagements. However, they are comfortable with this emptiness of their days, as if they prefer it to be that way. The uncertainty that arises from the unpredictability of their mental health issues, and of not knowing how they will feel on a given day, makes participants reluctant towards committing themselves to any social or public entanglements:

“My days are void of most activity, as I previously mentioned.”

Elizabeth

“I can't like commit to doing something everyday. It seems too much of a big deal, too difficult.”

Sophie

“I couldn't have any commitments in the week, even going to therapy, I'd be like, even if, anywhere I had to be, my anxiety would go through the roof because I'd be like what if, what if I can't go, what if I'd have to cancel.”

Louise

If participants are bound by any activity on a given day, these are often magnified in their minds and become their sole and exclusive focus for the day ahead, which gives it a purpose. Their entire day revolves around and is consumed by the activity, rather than regarding it to be a part of their day:

“... like coming here today, for anyone else it would just be, like, I wouldn't say an inconvenience, but it would be like oh, I've got to do this and then I'll get on with the rest of my day, but this to me today is what I'm doing ... do you know what I mean.”

Kate

The paralysing impact of being unemployed with mental health issues leads participants to become disassociated or mildly detached from themselves and the outside world too, often leaving them feeling estranged, isolated and alone. They experience a double alienation because they have become withdrawn in themselves due to their mental health issues, but they also have been involuntarily excluded from society by their unemployment. The combined effects of this double alienation are almost indiscernible from one another, as the subjectivity of participants' mental health issues is entwined with the outer reality of their unemployment. For example, the combined effect of being unemployed with mental health issues leads participants to spend large amounts of time alone in their rooms and to experience a feeling of numbness or emptiness, as if they do not feel present in themselves and that their minds are somewhere else. This is typified by Fabio's excerpt below, where he is alone in his room unoccupied by any activity and staring vacuously into space:

“I reach the point where I'm just sat in my room in the dark doing absolutely nothing, just staring at the wall.”

Fabio

The isolation that they feel challenges their sense of being as an actuality and feeling alive. They have somehow ceased to exist because of their unemployment, which leads them to spend so much of their time indoors and on their own. It is as if they need to be seen by others in order to reaffirm their existence. Their sense of self-worth and of having some legitimacy and validity, which comes with feeling needed and useful, is lost with their unemployment, and they need to participate in some form of meaningful, productive activity to feel real again:

“Yeah, I like people to know that I exist, sitting in the house all day, it can make you feel that you're not real.”

Sophie

Participants also experience diminished social lives and relationships with others, whether it be family members, partners or friends. They are unable to lead satisfactory and rewarding social lives by struggling to maintain existing social ties with others, particularly with their friends. The combination of being unemployed with mental health issues leads participants to retreat from their outer social worlds and become reclusive by directing their attention inward towards themselves and their own thoughts and concerns:

“I don't want to go out the house as much and lack of motivation, you know, and turning down invitations to go out and see friends and stuff, like I'm becoming more withdrawn in myself.”

Rebecca

They feel disinclined to venture out and meet people or to participate in social activities. Some participants, for example, are motivated by a desire to avoid the complexity of social interaction altogether, believing it to be too much of an effort or strain on their limited psychological resources:

“I spent a lot of time on my own, just avoided the complications of going out, seeing people.”

Paul

Other participants, by contrast, find that relationships with friends are severely strained or have been severed in some cases. They seem to have involuntarily alienated themselves from their friends because of their mental health issues, which lead them to become difficult to get along with and less sociable:

“... like I don't exactly have friends 'cos I pushed them all away.”

Sophie

“I used to constantly cancel on friends because I couldn't face going out and ... I fell out actually with a lot of friends that I had since I was really little because they just couldn't understand, they thought I was just a really bad friend.”

Louise

### 7.3. Entrapment

**“I just have no way of breaking the cycle at the moment.”**

Participants' **Paralysis and Withdrawal** leads them to become increasingly entrenched in their unemployment, as their impaired capacity to function hinders their capacity to seek out work. Participants understand the co-existence of their unemployment and mental health issues to have a cyclical relationship that manifests itself in many forms, all of which are counter-productive to their best interests. This leaves them with a sense of **Entrapment**, as if they have been caught in a trap, and are having great difficulty in trying to break out of the cycle.



Participants speak of the complex relationship between their mental health issues and their unemployment. They understand that there is a connection between the two and that their unemployment is bound-up with their mental health issues. However, the subtle, compounding effects of the combination of the two together in their experience mean that participants have difficulty disentangling the cause and effect relations among these in the maintenance of their unemployment:

“... it's [her unemployment and mental health issues] been a bit chicken and egg.”

Louise

“I think they [her unemployment and mental health issues] just go hand-in-hand really.”

Rebecca

They describe the co-existence of the two as having a closely entwined relationship. They both seem to be “interwoven” like two threads intricately woven together, almost seamlessly, reflecting the almost indiscernible impact of the two together in their experience:

“I think they [her unemployment and mental health issues] all combine together and add on top of each other, you know, ... so it's all just interwoven and it's linked and it all just comes in one big package.”

Paula

Participants refer to the cyclical nature of the combined effects of both, which they consider to be malicious and detrimental to their well-being, leaving them feeling entrapped and unable to escape:

“It [his unemployment and mental health issues] feels like a vicious circle ... .”

Paul

“Er, I just have no way of breaking the cycle at the moment [cries].”

Alison

These counter-productive cycles manifest themselves in many forms, but they are all characterised by a self-perpetuating process that involves a chain of stressful events or thoughts relating to their unemployment, which in turn aggravates their mental health issues. This on-going interplay leads participants to become increasingly entrenched in their mental health difficulties and less able to make any progress:

“... because I feel that anxiety, that in itself makes me tired and sets off all the chronic fatigue and then I get depressed about the whole situation because I'm not able to do anything and I'm just constantly ill. And so any little stress feeds into that cycle and it's very hard to get out of it and be well for a few days ... .”

Alison

“I think mainly my financial status 'cos that affects your mental, that affects anyone's mental health. If they can't pay the rent and they're in debt and stuff like that, that'll make anyone worried all the time and anxious ... but again, I don't think that's mental health specific, I think that's just anyone, but if you're mentally unwell, you're more likely to slip into it faster and get more ill.”

Kate

Their unemployment and mental health issues appear to nourish one another, as if they exist harmoniously in a symbiotic relationship, which sustains both of them. In

this manner, they are parasitical on participants' well-being and are strongly resistant to any attempts to intervene in their detrimental relationship:

“I'm feeling low because I'm unemployed and because I've got low self-esteem and less confidence, I'm less likely to apply for jobs, let alone be offered one ... it just seems to feed itself.”

Paul

And yet participants' attempts to escape these cycles, by taking steps to find work, are hampered by their unemployment, which acts as a “trigger” for their mental health issues. It is as if the two are connected mechanistically in their minds and are part of an automatic process beyond their control to stop:

“My unemployment has been the biggest thing that was happening to me and when I've tried to get out of unemployment, then my anxiety would trigger ... .”

Paula

Participants, in the main, present themselves as victims of their unemployment in terms of its impact on their mental health. They feel entrapped by their unemployment and have no choice but to spend their days mostly indoors and alone, as if they are prisoners in their homes. Their unemployment imposes a forced idleness on them, leaving them with no choice but to turn inwards and focus on themselves and their mental health issues:

“... where do you have to go, you know, you can't just go to work, you have to stay at home, you don't have any money, stuck by yourself with your thoughts and your woes and your worries, the anxiety ... um ... so yeah, you're just trapped in this little, in your room.”

Paula

However, for others, they realise that their unemployment is not an entirely negative experience, where they feel incarcerated by their mental health issues, but can be beneficial too. Their unemployment liberates them from the constraining impact of work-related or other obligations and duties. This affords them a great deal of comfort by having this greater control over their mental health. It gives participants the time and space to focus exclusively on recovering from their mental health issues at a comfortable pace:

“Er, yeah, I think it's [his unemployment] ... it's made it better in that it gives me time to deal with things in a healthy way and that's a reassurance sometimes, especially earlier on where I was sort of a couple of months into it, I was like, right, I've made so many positive steps now.”

Mark

There is a danger, however, that participants' unemployment affords them an overly-comfortable existence that becomes counter-productive to their recovery. They have been freed from the economic reality of having to work in order to earn a living, which leaves them with a great deal of free time on their hands, so that they can indulge their mental health issues, almost as if it is a luxury:

“... it's like ... because I've got a flat and I've got food if I need it, and the bills are getting paid. So I'm free to be a miserable bastard and sit in my pyjamas all day.”

Kate

Other participants, by contrast, describe the desperate nature of their constant struggle to maintain their present state of mental health. They express horror and fear at the prospect of a further deterioration in their mental health, which they consider to be an ever-present threat to their lives. It is as if they are holding on for dear life and require a constant and frantic effort to avoid sinking into a decline.

Their past experience has left them feeling timid and vulnerable to recurrent episodes, which demonstrates the weak and flimsy nature of their perceived hold over their mental health. They risk going under and losing their mental health should they give up struggling against their issues:

“I’m just terrified of having to go through what I went through [her mental health issues] last year ever again. ... I’m very much like treading water and I hate that.”

Louise

“I’m scared that I’ll lose the tenuous grip on my sanity that I have at the moment.”

Laura

The volatile and unpredictable nature of their mental health issues also undermines their self-confidence, which, in most cases, is weakened further by their unemployment. Participants speak of a general change in their mindset, where they have become cautious, guarded and restrained in their approach to new situations. Their confidence and trust in general is diminished, as they develop a heightened sensitivity to risk and are less sure of themselves:

“... also my confidence, like my self-esteem has dropped as well, I don’t have the confidence any more that, yeah, I could just go and do that job and I’ll be fine.”

Alison

Louise, for example, demonstrates this loss of confidence and re-appraisal of risk when she describes how she is inclined to see the negative aspects of things (e.g., “scary”), considering them to be alarming and potentially dangerous, rather than the positive side (e.g., “exciting”). She has lost her naïve or blind faith in life that gave her the confidence to act without worrying unduly about the future. Instead, she

now feels insecure and considers the world to be an unpredictable and threatening place:

“I suppose I used to be quite confident in things and now I kinda look at things, I would've looked at and thought that looks quite exciting, and now I'd go, how scary, I can't do it . . . . So I'm not as trusting in things, I suppose, I used to just, if I got a job for a full-time, I'd be like, oh, I've got a full-time job now, I'm safer now, I feel like nothing's going to be quite safe again now.”

Louise

Participants therefore approach the future in a circumspect manner by taking care to think very carefully about the potential implications of their actions:

“it's [her unemployment and mental health issues] made me quite wary for the future because I'm very scared of it happening again.”

Louise

“Well it's incredibly hard. I think twice about everything I do.”

Alison

They desperately want to enter work, but this desire is fraught with the worry of being unable to cope with the demands that it brings. The incessant threat of a deterioration in their mental health issues is a powerful and convincing deterrent that prevents them from pushing their boundaries forward, which also diminishes their employment opportunities. It holds them back, as they become risk-averse, wishing instead to remain in their comfort zone of what is safe and familiar to them, which they believe will reduce the likelihood of a further deterioration in their mental health. In this manner, participants are bullied or forced by their mental health issues into acting in a way that is inimical to their best interests:

“I think I'd be more open-minded to a wider range of jobs and relocating ... if I thought there was ... if I wasn't worried about something happening, I think by staying to things that I know relatively well reduces the risk of another relapse.”

Paul

Despite their reluctance to act against their mental health issues by taking risks, participants believe that a successful transition into suitable work is integral to their recovery, rather than something that is indicative of their recovery. However, they are constrained further by the practical matter of a lack of suitable work opportunities, which only frustrates their efforts to try:

“But you think, like, I'll be better if I'm doing this, this and this [a job], and you're not, but you think you're gonna get better if you're doing something else, and then if that's, not taken away from you, but if you're not even given the opportunity to try for it, then you think you're never gonna be able to get better.”

Kate

Participants therefore face a dilemma: they understand that they need to enter work of some type to continue their recovery, however this entails risk to the stability of their mental health. To help tackle this, they formulate career plans that represent an attempt to mentally work their way out of their entrapment of being unemployed with mental health issues. These career plans are tied to the recovery of their mental health, regardless of their state of mental health or readiness to enter work, by enabling them to map out the steps that they feel are necessary to get themselves into work of some type, even if it is not what they want to do in the long-term.

To do this, participants engage in an honest and realistic in-depth appraisal of their capabilities, limitations and the type of work that they feel they could manage. They

exercise great caution throughout this process – not wishing to further jeopardise their mental health by a hasty and premature entrance into work – by taking care to weigh-up the risks and benefits to themselves, while they consider the practical steps necessary to obtain their objectives:

“I can see there's things I can do, like, going to counselling, which I've just started and get some voluntary work, so I can start going out more ... and then, I'm hoping I can, in a year or so, I can start or will have some kind of part-time job and then I can go from there ... . I'd have to consider what I would be doing in that job and whether that would potentially set off any panic attacks or if it would make me tired in relation to my chronic fatigue ... so I think I'd be limited in what I could do at the moment, so I think, so it limits me basically ... in terms of the number of hours I could do.”

Alison

Participants' career plans are often bound-up with their personal ambitions in their private lives too. They understand that work of some sort and improved mental health are both necessary for them to pursue the lifestyle that they want to lead in the future:

“To be a [job title], to work up to being a proper [job title] and not, to be a part-time one and then a proper one ... I want to get settled in one [position] and then I'll move in with [name of boyfriend].”

Sophie

These career plans therefore help to provide a means for participants to reconcile work and lifestyle issues with their corresponding need to regain some momentum by recovering their mental health. For example, in Louise's excerpt below, she describes how her plan permits her to move from a position where she has to exert an enormous effort to accomplish tasks, to one of reduced resistance, where she can accomplish tasks almost automatically and with little thought or effort:



“So, before I start work, I just need to plan lots of little appointments, you know, if it's somewhere I need to be, and then get a little part-time job where I only need to be somewhere three days a week and then build it up to five days and then gradually become able to get up and go to stuff rather than force myself.”

Louise

Nevertheless, participants understand that their recovery is a long and gradual process of slowly rebuilding their mental health. This involves their active participation and hard work to attain the incremental gains or “baby steps”, which are much shorter than the normal stride of an adult, as they must begin to make progress by tentatively moving forward in an experimental manner:

“I've got to go through these whole baby steps of the process of getting things back to normal again, and that becomes quite daunting too.”

Mark

While participants are at different stages of recovery from their mental health issues, they all agree that entering work under the wrong conditions will lead to a catastrophic deterioration in their mental health. For example, some participants clearly understand that they feel too unwell to try to enter work. They believe it is too much of a risk, not just to the stability of their mental health, but also to their confidence and self-belief. Their fear of failing at work seems to be just as hard for them to contemplate as a deterioration in their mental health – perhaps underlining the importance of self-belief or confidence to participants in their struggle to tackle their mental health issues and unemployment. At this stage of their recovery, they instead need to focus on smaller and less ambitious activities with which they feel comfortable, and that afford them some measure of protection or means of escape should they feel outside of their depth:

“... just don't feel I can do it [work] yet, like, there's no point even trying now, I'd have another breakdown ... . If I go to work and it not working, then that'll destroy my confidence even more than if I've not even tried. It's too much of a risk at the moment, I need sheltered little things in me at the moment.”

Sophie

Other participants have similarly accepted that their mental health issues render them too unreliable to pursue their preferred choice of career. They have reflected on their prospects of entering work and doubt their capacity to cope with the psychological demands of a full-time job. Their main concern relates to the inconsistency of their behaviour, which is not conducive to holding down the routine of a full-time job:

“So I know that I'm not reliable enough to be able to do something that's like 9-to-5.”

Sophie

“Er, I don't feel I can guarantee that I'd be fit for work to do some kind of activity everyday, 'cos it's [her chronic fatigue] not ... it's fairly predictable, but not always because I can have a run of days where I'm a completely normal person, with normal energy levels, and then I'll have two weeks where I can't get out of bed. So, I can't guarantee it.”

Alison

They explain how the considerable commitment and involvement required to pursue a career is too much of a strain, as they do not have the energy or space in their minds to meet the all-consuming demands of a career. The ability to partition and segregate work from their minds, so that they would be able to mentally disentangle themselves from their jobs at the end of each day, seems to be very important to their recovery. They want a type of employment that enables them to leave work behind

at the end of each day, rather than bear the burden of taking it home with them and endure the mental strain of having to worry about it. This type of employment that they are now considering is far removed from their lofty ambitions, which they held upon graduation. It is strong evidence for how entrapped they feel, as they now view these types of jobs, which do not require a degree, as a way out of their difficulties:

“ ... like a career is something that's constantly on your mind and it's your life and it's ... and there was a time when, I'd, I'd still like that, but the way my head is at the minute, I can't cope with that. I just wanna do like a shop job, do you know what I mean?”

Kate

“Right now I'd like to get a job that's not too stressful, that I can just go in, do a few hours, go home and not think about.”

Louise

Participants once again demonstrate their fixed mindset, which is described earlier in this chapter, by also highlighting how the discipline of the workplace would leave them feeling constrained. For example, they often express how they would struggle to meet the work demands of fixed work times and schedules. They describe, perhaps unrealistically, how they wish to have understanding and receptive employers, who would be able to accommodate their need to have a degree of control and flexibility over certain aspects of their work environment:

“... I sort of hope that if I attained that career, I'd have a certain amount of control over it, you know, if, if I was suffering from depression and, you know, there are days when I can't work, then hopefully I'd have the control to say 'oh I can't do this today, reschedule it for next week' etc.”

Laura

“... like if I haven't been to sleep all night and I phone up and say 'look, I'm just gonna have an extra hour in bed' or something like that ... it's not within my character to do that for the sake of it. So when I turn round and say to somebody 'look I need an extra hour's sleep today' I expect them to be like 'yeah, go for it' because it's not something that I do unless it was essential [laughs] kind of thing.”

Mark

For those participants who are at the stage where they are clearly still poorly, but yet can function to some extent like everybody else, there is a great deal of ambiguity and uncertainty involved in their decision relating to their capacity to work. This is due to the subjective and indeterminate nature of their mental health, so that they have difficulty in self-assessing how they feel and what they think they are able to manage. Rather than view the decision to enter employment as a black and white can I or can't I choice, there is an on-going interplay between participants' fragile mental health and their perceived capability to enter employment.

This interplay is aptly characterised by Laura below as “shades of grey”. This spectrum hints at the subtle nuances and different degrees between black and white, or the “grey” area of feeling well enough to work, but still being poorly. These participants therefore occupy a twilight zone that is complicated by the nebulous nature of their mental health issues:

“Yeah, because I think the stage I'm at now is where I'm better. I still get poorly and stuff, but I'm not ill, like I've been ill. This is just like oh, I'll just get poorly sometimes.”

Kate

“ ... but then it's all the shades of grey and it's the extent to which I can force myself to get things done.”

Laura

During this ambiguous period in their illness, participants tend to feel guiltier for not working, presumably because they feel responsible, as they are able to work and feel that they should be doing so. Feeling better in themselves sometimes leads them to forget that their mental health is the reason why they are not at work. Perversely, then, in order to alleviate this guilt, they have to be very poorly and suffer greatly so that they feel they are making a legitimate use of their unemployment by being unable to work:

“It, yeah, takes a bad episode [of mental health issues] for me to feel less guilty [laughs] about not being at work. I'm just like oh, thank god I'm not at work now ... . It's only when I've had like sort of really bad times that you kind of ... remember that there is a reason that you're having time off. I think it's really easy to forget about all of the terrible times that I've had because sort of, you know, you try not and focus on it and you try not to think about it, but when you do that, you do also forget that ... um, that is the reason you're not at work [laughs].”

Mark

Participants highlight the importance of embracing the occasion when they do feel well enough to work. This seems to represent a time-limited period, or a window of opportunity, for them to make progress by finding suitable work. Their difficulty, however, is in overcoming the numerous barriers, restrictions and aggravations that are involved in obtaining the right sort of work at a time that coincides with an improvement in their mental health. If, for whatever reason, they are unable to take advantage of their improved mental health by finding suitable work, then they risk losing the opportunity, and perhaps face a deterioration in their mental health by remaining trapped in a series of nefarious cycles:

“... but now, because I'm feeling better, I'm thinking I need to be doing this, this and this because I do feel better, but because I'm not getting all that or doin' all that, I start feelin' ill again ... .”

Kate

“I still assumed that I'd find something [a job] fairly quickly. And when it didn't turn out that way, that's when I started feeling depressed again.”

Paul

Participants are determined not to rest on their laurels by taking any improvement in their mental health for granted. They therefore understand that they must make the most of any suitable work opportunities that come their way, because they know that they stand to lose more by remaining unemployed:

“I also really feel that I'm careful that I don't get lazy, 'cos that would be so easy to do, you know, fall back on old ways, you know ... . So I need to, whenever I do feel like I can get a job, like mentally I'm not gonna die, then I do get it.”

Sophie

This means that they have to adopt an approach to work that is similar to the behavioural therapeutic technique of 'flooding', where the patient learns to tolerate the feared object or situation by being fully exposed to it. Participants must similarly take the tremendously difficult step of immersing themselves in their work, while accepting the associated risks to their mental health, by trying to meet the demands of the job head on:

“I kind of have it in my mind that it's gonna be something like just dive into this [job] and really, really try and do it because that's the first step that you need to take to getting back to normal, but it's hard, it's really hard.”

Mark

Participants are resolved to avoid a repeat of their circumstances again in the future. They are unwilling to tolerate being bullied by their mental health issues to the extent

that their difficulties ruin their chances of succeeding in the workplace. They seem to draw strength from their unpleasant experience of being unemployed with mental health issues, which has given them the determination to make a stand against their difficulties. In this way, participants' dire circumstances have emboldened them; they are energised into action and now have the courage to fight against their difficulties:

“I just think that when I get back into a job, I'm probably not going to have the same problems that I've had before because I'm so desperate to avoid them, going to the same mistake again. So I don't consider any sort of mental health problems to be a barrier to being in and staying in work for me once I get back to it because I'm just not gonna be like, um, I'm not going to have any patience with that.”

Mark

## 7.4. Chapter Summary

In this chapter, I have provided an account of my findings that relate to participants' sense of **Vulnerability** that they feel from being unemployed with mental health issues, which is the second of the three master themes to be presented. Participants experience a **Paralysis and Withdrawal**, as they suffer a complete or partial loss of psychological strength and function, which challenges their sense of control over themselves and their lives. They struggle with everyday life and they make a retreat from the outer social world, becoming detached and isolated from others. They also experience diminished social lives and strained relationships with their family members, partners or friends.

Participants understood the co-existence of their unemployment and mental health issues to have a closely entwined and cyclical relationship that manifests itself in many forms, all of which are counter-productive to their best interests, leaving them with a sense of **Entrapment**. They experience tremendous difficulty breaking out of

this cycle and become preoccupied or caught up in their mental health issues, which leads them to become increasingly entrenched in their unemployment. Participants' desperation to escape their circumstances and obtain suitable work is checked by their fear that this might exacerbate their mental health or cause them to lose it completely. They therefore approach their daily lives and the future in a circumspect manner, taking care to think very carefully about the potential implications of their actions.

Participants' circumstances therefore leave them with a great deal of uncertainty towards their future. This adds to their feelings of existential anguish towards their status as unemployed with mental health issues, and their hopes of overcoming both of these in the near future without knowing when salvation will appear. This sense of **Angst** is the third master theme and is presented in the next chapter.



## 8. Chapter Eight: Master Theme Three: Angst

**“I just hope this isn't the end. I don't want this to be the rest of my life.”**

### 8.1. Introduction

In this chapter, I present the third master theme of **Angst**. Participants' **Vulnerability to Paralysis and Withdrawal**, and **Entrapment** by their circumstances, which is discussed in the previous chapter, leaves them feeling a great deal of uncertainty towards their future. This adds to their sense of existential **Angst** towards their status of being unemployed with mental health issues, and their hope of overcoming both of these in the near future, without knowing when salvation will appear. This master theme comprises two constituent sub-themes: **(1) Hope and Despair** and **(2) Regression and Dependency**, which are presented below.

### 8.2. Hope and Despair

**“Oh, it kills you, especially if it's a job ... you can see yourself doing, then you've lived your life. ... then you don't even get an interview for it and you're, eh, bloody hell.”**

**Hope and Despair** relates to participants' constant struggle with their ambivalence towards their circumstances, where they simultaneously hold feelings of both hope and despair. On the one hand, they still harbour a deep sense of confidence and optimism that they will gain suitable work sometime soon, although it seems a hopeless and impossible situation at times; however, on the other hand, the increasing duration of their unemployment, along with the uncertainty surrounding the unpredictability of their mental health issues, engenders doubts that they will never be able to move beyond their current circumstances.

At some deeper level within themselves, participants seem to maintain an underlying

confidence that things will turn out well for them in the end. Their hope takes the form of an almost fatalistic belief in the inevitability of them obtaining work at some point in the near future, although they do not know when this will be. Participants seem to be almost left waiting for their circumstances to change for the better, as if they feel that the situation is largely out of their control:

“Well ... I suppose, yeah, I am still hopeful because I do think there will be a time that will come soon when I will be in a job.”

Mark

“I know how long it bloody takes, I will get a job and, like, it's hopeful.”

Jessica

They remain undeterred and often put their difficulties into perspective by downplaying the significance of their circumstances in the broader context of their lives. They consider their situation to be a phase of their lives that will eventually pass; just as the symptoms of their mental health issues wax and wane, so their lives will improve in the future:

“I sort of see my mental health problems as a blip in my life, or, I will eventually get better and be able to work and so just carry on as I expected, I guess ... yeah, I see it as a rough few years and hopefully, I'll get better at some point. I don't see why I should think I'm gonna stay like this ... .”

Alison

“... not so much that I'm devastated by the fact that it's [her unemployment and mental health issues] affected me ... like I've got on with it because that's just part of how I would imagine it would be when it comes to the next negative in my life.”

Jessica

However, participants also feel considerable existential angst towards their future in the long-term. They spend large amounts of time thinking about their future, especially focusing on their careers, which they contemplate with great anguish and uncertainty, rather than excitement. Their unemployment seems to automatically direct their thoughts in this direction as the emptiness of their lives is a constant reminder of their need to find work of some sort:

“My future ... focusing and worrying about things outside my control like getting a job ... I think probably that was the most thing that I thought about 'cos I mean there's nothing else to think about.”

Paula

The question of when they will obtain employment is almost always on their minds. They are unable to escape from the persistent and irritating doubts that they feel, even when they are not consciously thinking about their situation. Participants speak of their desperation to leave this part of their lives behind them and move forward to the next stage of their lives:

“... er, still this constant, ongoing, back of mind stress. I want to get this over with, I just wanna get a job, constant niggling.”

Jessica

“The single thing you do most is just think about when a job is going to come along.”

Mark

They agonise over the prospect of remaining unemployed for the indefinite future, and with no ending in sight, they are very uncomfortable with this uncertainty. Participants often seem to be unable to focus on anything other than resolving their unemployment. They are confronted with a 'void' ahead of them, which relates to

the apparent emptiness of their future, frustrating their desire to act and accomplish their goals by productively taking their lives forward:

“Either worrying about not finding a job or I'll just get so focused in applying for a job, it will take my mind off it, but I can't think of anything else.”

Rebecca

“extremely anxious and very worried, and not being able to switch off worries about the future ... I couldn't see what was coming, there was just a void of things for the months ahead. ... the massive uncertainty over what I was gonna do over the next few months ... so that contributed to the feeling of lowness that, well, what am I gonna do then?”

Elizabeth

Participants are surprised by the length of their unemployment, as they did not anticipate it to last as long as it has done. They feel that they are becoming less employable as their unemployment continues, which contributes towards their doubts about finding suitable work. Their graduation has faded into the past and they seem to have now lost their sense of being new graduates. Their eligibility for graduate-level roles is diminishing as opportunities pass them by; they are no longer current and are becoming increasingly stale or obsolete, as if they are from a bygone era, albeit from only a few months ago. They worry that the opportunity to use their degrees and fulfil their career aspirations is now behind them, perhaps even lost for good:

“... realistically, I'm unlikely to get a graduate level job now. It's a long time since I left university ... I've still got hopes of having a career, but I think the likelihood of me ever having one has faded a lot ... it's fading more as time goes by. Um, and I think a lot of employers prefer someone who was fresh out of doing their degree who was still 21 and quick at learning things and maybe more malleable in terms of doing, performing a graduate job.”

Paul

Participants describe how as their unemployment lengthens they become increasingly incredulous that they will be able to overcome their circumstances. They sometimes dramatically contemplate their worst fear that this could be the 'end' of their careers, and with them their lives also. It is this sense of finality and their feeling that it is all over before it has even started, which leaves them disconsolate. Their lives seem to have reached a premature and terrible conclusion because of their unemployment, which, again, demonstrates the central importance of work and employment to participants' desire to make a life and to give it a meaning or a purpose:

“I think I'm getting more and more sceptical as this goes on, like I just, oh, is this gonna, is this gonna be like the end type thing.”

Mark

“I just hope this isn't the end. I don't want this to be the rest of my life, you know, not working.”

Laura

“It's only been a few months, but if I go a full year still being unemployed, I can't imagine what I'd feel like ... just be in this rut forever ... .”

Rebecca

Participants describe how they will sometimes feel great despair towards their circumstances, as their difficulties with trying to change their circumstances become too much for them to bear. These moments of hopelessness are often accompanied by a deterioration in their mental health issues, which compounds their sense of despondency and their ability to see a way forward beyond their current impasse:

“When I've been feeling most depressed ... I'd just feel absolutely hopeless, didn't seem to be anything positive I could do.”

Paul

During these times, where participants become exasperated and demoralised with their circumstances, they feel particularly jaded by the emotional strain of their predicament, which reduces their drive and motivation to continue to try and fulfil their career ambitions. They often display a sense of resignation, as if they have almost lost hope and are ready to give up fighting to change their circumstances:

“... when [his course application] said no. I was just like I can't be arsed with this any more ... . I'm probably at the point where I'm like my expectations couldn't get any lower.”

Mark

Participants' fluctuating outlook between both extremes of hope and despair often revolve around their job searches, as this is an integral part of their battle to resolve their unemployment. They regard the actual process of making job applications to be much more serious than a task to simply obtain work, as they are in a desperate life and death struggle to save their mental health, their careers and ultimately, their lives.

For example, they often demonstrate a proclivity to develop a strong personal and emotional entanglement to certain jobs that they think are suitable for them, which, once again, reflects the deeply entwined relationship between work and lifestyle in participants' minds. This occurs when they build up hope by planning an optimistic and romanticised vision of themselves and their future lifestyle around the desired job, which is put to an end the moment they learn that their application has failed. This is often experienced as a heart-wrenching death, as a potential happier vision of themselves, getting on with their lives, is terminated and will not come to pass, which adds to their despair:

“Oh, it kills you, especially if it's a job that, you know, when you can see yourself doing, then you've lived your life. Yeah, you've, it's like, then you don't even get an interview for it and you're, eh, bloody hell.”

Kate

Participants have to contend with voluminous failed job applications, and the cumulative impact of these rejections has the effect of slowly eroding their morale and self-confidence. These are often experienced as a personal and physical rejection that acts as a blow to their hopes and aspirations, pushing them backwards and adding to their misery:

“... that rejection if it happens a lot, then I start turning on myself again ... . So, yes, confusion, rejection.”

Fabio

“It's when you get all the knockbacks and stuff. If you keep getting knockbacks all the time, it just gets you down.”

Kate

Their motivation to continue to make the considerable effort to engage in a job search and make job applications is diminished, as they often deem their hard work to have been wasted and in vain. They seem to express frustration and perhaps bitterness with their circumstances, as they often question the worth of their actions by asking themselves if these job applications are sufficiently valuable or important enough to repay their time and effort that they invest in them:

“... it's frustrating, especially when you don't hear a response and you know you put in two, three hours in an application and you just think [sighs], yeah, waste of time.”

Rebecca

“I just went some days, I'd just sit and think, well, what's the point.”

Jessica

This rejection from prospective employers is a double blow because the demoralising impact of having mental health issues means that participants need even more confidence to get themselves into any type of work, let alone a graduate-level role. And yet, cruelly and ironically, as their unemployment lengthens, it increasingly and agonisingly works against them by sapping their self-confidence:

“When you're unemployed and you've got a mental health problem, it's like the biggest, you need so much confidence just to get yourself even into the tiniest job.”

Louise

“I feel like I'm losing more and more confidence every day that I'm unemployed ... .”

Rebecca

Some participants, however, draw hope and solace from the tough economic environment of a tight jobs' market. This gives them a plausible reason or excuse for their unemployment and mitigates their expectations of finding work within a reasonable period of time. It is a factor that is beyond their control and helps participants to cope with their unemployment by serving to blunt or assuage its impact, which also takes some of the pressure off their urgency to find work:

“I knew that, you know, you get a graduate job, I knew it was gonna be challenging, you know, all the press and media furore about graduate unemployment ... so it took the edge off a bit ... . If it was a climate that where practically every graduate was getting a job as soon as they applied for it, then I think I'd feel worse about myself, but I knew it was understandable to an extent.”

Elizabeth

Participants' ongoing ambivalence between their feelings of hope and despair is often the most pronounced when they have a particular reason to be hopeful, such as



making a breakthrough in their struggle to escape their unemployment. As they contemplate the prospect of advancing their careers, they are suddenly reminded of the debilitating effects of their mental health issues, which threaten to overshadow the hope and promise of these positive events in their lives. What should be viewed with excitement is instead contemplated with a feeling of terror or despair, as participants' dread the ordeal to come and the emotional toll that the whole experience will exact on them:

“I think, yeah, it's kinda punctuated by these terrifying things, which should be good steps. It should be like, yes I'm having an interview, this is a good sign, oh wait, I'm terrified of having interviews, now I'm gonna have to go in and meet some strangers and do something that I really don't like doing, which is gonna absolutely exhaust me, which is gonna sort of throw me off for a while, and yeah there's lots of things like that are draining.”

Mark

Participants experience further anguish as their unemployment forces them to review and reappraise their career ambitions, so that they might be able to reconcile these goals with their mental health issues. This creates further uncertainty regarding their future and entails a radical examination of their priorities in life. It prompts existential questions of what they would or could be able to do with their lives in terms of a career. Some participants struggle with these questions, as they are restricted in their choice of career, not only by their mental health issues, but by their interest and desire to pursue the choices that are available to them:

“... unfortunately, I don't think I'm reliable. I don't think I'd ever be reliable, so I don't know if that's a wise career choice for me, if I really want to be good at it ... . Er, but I, I just have nothing else that I could get excited about doing, I just, I just don't know what else I could do with my life.”

Laura

The uncertainty of their capacity to permanently overcome their mental health issues leads some participants to question how this will impact on their ability to pursue a successful career in the future. This means that they are faced with difficult decisions and conflicting objectives, as their original, and in some cases, idealised and unrealistic career aspirations, have been checked or ruined by their circumstances. They confront this reality with the utmost honesty and reluctantly accept that they will have to moderate their career aspirations in order to accommodate their mental health issues:

“I used to be really ambitious, and really, I used to really want a big, massive glittering career, and er, but now I think I have to be a bit more realistic and realise that my illness isn't gonna go away, and I think I need to change my ambitions a little bit to fit in with that ... . It's how, is this gonna affect me for the rest of my life and if I get into a career, can I then maintain it, how high can I climb without getting really stressed again.”

Louise

Participants rue the prospect of not fulfilling their lofty career aspirations because of their inability to realise their potential; it leaves them sorrowful for what could have been if their mental health was better. It is participants' struggle against the irrationality of their mental health issues that contributes to their angst, which is important to be able to understand the crux of their plight. On the one hand, they are capable of pursuing their preferred career choices, as they have the qualifications and the ability; but yet on the other hand, their mental health issues prevent them from doing so by casting a shadow of uncertainty and doubt over their capacity to work, which they find considerably frustrating:

“... there's careers that I look up to, such as in the medical profession, doctors, paramedics, that in an ideal world I would like to be one of them. But, I'm thinking would I be able to handle the stress of it. And I can't answer that with a definite yes and that

frustrates me, but I don't want to be a doctor who's getting very stressed and unable to deal with a high workload and stressful career. I want to do a career that's suitable for me and that I can do well at, so I'm gonna have to compromise a bit, I think, but it does frustrate me, you know, I'm ... I'd want to be, there's elements of me that I'd want to be better than what I think I am, and that's due to anxiety and depression.”

Elizabeth

Some participants have even been reduced to a level where they are so desperate to put their unemployment behind them that they are willing to accept almost any type of work. This is in stark contrast to their original high hopes of abundant opportunities and a successful career. However, they have not altogether given up hope of being able to forge a successful career in the future, as they express concern about the impact of short-term, quick-fix decisions on their capacity to pursue a career in the longer-term:

“I'd be willing to do anything, but again, it's just a concern of where would the rest of my life go. If, you know, I wanna have a career, rather than just the dole ... .”

Rebecca

Once again, the subtle and insidious presence of having mental health issues is felt by some participants. They are unsure if their difficulties are the prime reason for their dramatic reversal in career outlook, or if their lowered ambitions are largely driven by desperation to end the despair of their unemployment, which is more common to anybody in such circumstances:

“... but now, I'd love to be a cleaner. It's like I'd be happy doing something like that, just me little job and gettin' on with my life, but I don't know if that's a mental health thing or anyone in an unemployment situation ... .”

Kate

### 8.3. Regression and Dependency

“I'm 28 and it's like, I'm at the stage I was at when I was like 16 ... .”

Participants' feelings of angst are also fuelled by their sense of having experienced a **Regression** and a **Dependency** on others. They feel that their lives have not only stagnated or stopped, having lost their sense of forward momentum or progression with their careers, but that they have also moved backwards by returning to an earlier and more primitive state or condition of dependency on others.

There is a strong temporal dimension to participants' sense-making of their circumstances. They feel that their lives and careers have come to a grinding halt, which they liken to a cessation of activity and motion:

“I need to get over this [her unemployment and mental health issues], 'cos it's just like, it's put everything on hold ... I just feel like it's all been brought to a standstill.”

Sophie

They have lost their ability to take control over the direction of their lives and to be able to drive it forwards, as if they are “just floating” helplessly in empty space. They are left stranded and have no choice but to lead a groundless and rootless existence, as they lack a purpose from not having a role or place in society. This sense of “floating” perhaps also indicates a subtle change in their perception of the passing of time, as they experience a slowing down of their lives due to their mental health issues and the loss of structure or routine in their lives because of their unemployment:

“They're people who have just graduated, who are just floating and they've got nowhere to be like.”

Kate

Participants' strong desire to get on is exemplified by Elizabeth's recurring use of "should" in the excerpt below, which typifies the strong normative pressures that they feel to make progress with their lives and careers:

"I should be, I should be doing this, this, this, this, lots of shoulds ... ."

Elizabeth

They associate the progression of their lives and careers with a sense of forward motion. This sense of movement operates at a subjective psychological level, where participants experience their own journeys within themselves, but it is also expressed in a more objective, tangible sense, which they understand in terms of major life achievements, like obtaining work with prospects of it leading to a career:

"I want to be moving towards something ... . I should be progressing in terms of the career."

Elizabeth

Participants are desperate to move their careers forward. They understand this sense of progress in terms of movement, which comprises both spatial and temporal dimensions, as if they are on a journey, where they are struggling to reach their desired destination by obtaining suitable work. They are unable to find their way and are worried that they may never arrive, which relates to their underlying fear that they will remain forever "lost" or trapped in the present stage of their lives. Work and career are therefore central to participants' understanding of themselves and their circumstances. Both help them to locate where they are in their lives by establishing their bearings, giving them a sense of direction; while the advancement of their career is crucial to their general sense of making progress with their lives:

"I was just, like, a little bit worried that I'd never actually get anything and kinda lost in a ... . So

[cries] ... sort of, I see myself as not going anywhere ... er, how annoying, I knew I would do this ... er, I'm not where I want to be.”

Jessica

Participants also feel an increasing unease as the duration of their unemployment continues to lengthen. This seems to act as a further time-related pressure that contributes to their general sense of angst about losing or wasting time. Some participants, for example, express the concern that they feel their length of unemployment has transgressed the point of being an acceptable or respectable period of time that people will consider to be understandable:

“Yeah, a lot of my time, I will just be like, oh god, I've spent too much time trying to work this out, and there is that kind of underlying worry all the time with every day that goes by, I'm just like that this is just getting too long now.”

Mark

Participants also feel that they have actually moved backwards and regressed to the beginning, or where they started from, by becoming unemployed. Their effort and hard work has counted for nothing; they are no further on and have returned to their original starting point in terms of finding work and furthering their career:

“Nine months had passed and I was back to square one, so to speak.”

Fabio

A prime example of this sense of regression is a return to live with their parents. This is experienced as a hugely significant event in participants' lives, which is reluctantly undertaken, as they would prefer not to be living with their parents again.

The physical act of moving back to their parents' home is a watershed moment in terms of their temporal understanding of where they are in their lives. It symbolises their failure to succeed in the adult world by becoming independent and self-sufficient. Moving out of their parents' home, in the first instance, is seen by participants to fulfil an important condition necessary for moving their lives forward, and so they consider a return to be a retrograde step. It is a move in the opposite direction to where they think they should be heading – back to their original starting point of where they had begun:

“I didn't want to do that [moving to her parents' house] because it felt like moving backwards, you know. I'd gone to university, I had a graduate internship and now I was moving back home, which was square one in my mind at the time.”

Elizabeth

Participants' unemployment and mental health issues have seriously challenged their capacity to be independent and self-sufficient. They have become heavily reliant on their family and friends for material and financial support, which they reluctantly accept as they have no choice:

“It came to the point where they [his parents] were literally shoving the money into my pocket and nudging me out of the door because I just wouldn't take it otherwise.”

Fabio

They are very uncomfortable with their state of dependency on others. They worry that they might be a burden and are desperate to attain their own independence by becoming self-sufficient:

“Er, I'm concerned about my living arrangements, 'cos obviously I'm very much reliant on my mum at this time, so I don't wanna rely on her for too much longer ... . I know she's stressed about money worries as well, so I'd hate to think I'm being a burden on her.”

Rebecca

They relate the state of being independent and self-sufficient to the physical stage of development where they have attained adulthood, and are strong enough to survive on their own without any assistance from others. Being unemployed with mental health issues not only stifles their personal growth and development, but leaves them in a weakened state where they are unable to fend for themselves, as if they have regressed to an earlier and less desirable state of child-like dependence on others. They struggle to make the transition and become adults, which leads them to become stranded in a no man's land between university and employment, childhood and adulthood:

“... by the age of 23, 24, I'll have a house and a car, I'll be settled and completely independent and you know self-sufficient, and an adult, you know, sort of grown up and relying on myself, but actually it's been pretty much the opposite.”

Paula

“I need to be a big girl now and move out and stuff, and the only way I can do that is by getting a job.”

Kate

“My parents have been remarkably supportive but ... it would do them good and me if I could stand on my own two feet.”

Paul

Not only do participants feel a sense of being held back, but they are upset because they feel that they should have made greater progress with their lives and careers than they have done. They express predetermined ideas or expectations of where they should or want to be with their lives and careers, often by invoking temporal concepts such as stages, years and months as a unit of reference when articulating these sentiments:



“I feel disappointed 'cos I'm 28 and it's like, I'm at the stage I was at when I was like 16 in a way, do you know what I mean?”

Kate

“I felt like I should have been already half-way through building a career. I should have been in it for four years ... . Er, yeah, I just felt awful.”

Louise

Their unemployment not only halts their career aspirations, but it also holds back their ability to pursue personal goals in their private lives. These objectives are both inextricably connected in their minds, as they understand work to be necessary to pursue their private lives and to take these forward. The two seem to go hand-in-hand, with a lifestyle being sustained by employment:

“... just me little job and gettin' on with my life ... .”

Kate

“I felt very left behind because I was emotionally ready to do all those things [pursue her personal life], me and my partner and my boyfriend had planned all that. We wanted to get married in 2014, that was always like our year that we wanted to do stuff and then we wanted to have kids just before I'm 30, and then we had a little life plan, but that was completely shattered when all this happened. So the timescale's gonna be longer ... .”

Louise

Participants' feelings towards their unemployment are also strongly shaped by comparing their circumstances with their friends' lives. These comparisons are often

made via social media websites and only serve to remind participants of their miserable circumstances, much to their frustration and dissatisfaction. They are rankled by the exciting social and career-related activities that their friends are reportedly enjoying:

“All my old friends from the same University, doing the same course, they're always waffling on their [Facebook] status about their new [job], their new [colleagues], the fact they even go on holiday together, and I have no money, do you know what I mean? So it bugs me so much that I can't get a job.”

Sophie

They also want to be involved in the sorts of activities that their friends are taking part in, which leaves them with a strong sense of feeling left behind and missing out on life. Participants are especially upset by the personal achievements in the private lives of their friends, which, once again, underscores their unemployment and the necessity of having a job to fuel a lifestyle:

“I have got other friends and people I went to school with that I stay in touch with and you know they've got jobs or they're getting married, or you know, my sister's had a baby recently and got married so ... . I do compare myself to them and think that I'm missing out, I guess [cries]. So obviously that upsets me quite a lot. Er, I try not to think about it, but obviously it's something that gets shoved in your face quite a lot, so.”

Alison

Participants' sense that they are moving their lives forward in a smooth and sequential manner, along with their friends – the bond and sense of togetherness from being part of a generational group, sharing the same experiences and progressing together through school and university – has now been disrupted and broken by their unemployment. They not only experience a physical separation from

their friends, but a psychological and temporal one too. Their lives have stagnated, leaving them feeling isolated and left behind, while their friends, who have gone on to find employment, are somehow ahead of them:

“A lot of people are 2 years, 3 years ahead of me, like, employment wise ... .”

Jessica

“... particularly with like friends from uni because, like we've all gone from being, like together and most of them have gone and done the thing they expected to do, and I'm the one that kinda hasn't.”

Mark

“... when my best friend got a job doing the same thing I wanted to do, I just felt, oh, how come he got what I wanted and I'm stuck back here. ”

Paula

Participants remain passive onlookers, as they observe their friends move on and away from them, seemingly leading far happier and more rewarding lives, which leaves them feeling left behind and excluded, with nothing to look forward to in the future. They reflect wistfully on what might have been, often believing that they would have had a more interesting, exciting and successful life had they not been afflicted with mental health issues. Despite their sorrow, they are not resentful of their friends' success or happiness; rather they are mournful towards themselves, as if they are grieving a part of themselves that could have been, but was not given the chance to shine, having been blighted by their mental health issues:

“I didn't feel that any of my old friends really wanted to see much of me any more, really ...

[they] seemed to be moving on and meeting people elsewhere and didn't seem to want to know me any more ... they've, as far as I know, haven't had any problems like that ... [they] always seem to be far more successful and much happier in everything they do and I think if I hadn't had any mental health problems, that might have been me ... . I don't feel, I don't begrudge them, it's ... I always have a feeling of ... what if, things could have been so different.”

Paul

Participants' attempt to tackle the angst that they feel over their stagnant circumstances by making use of career plans. These career plans are discussed in Master Theme Two, under the constituent sub-theme of Entrapment, where they are suggested to act as a pragmatic step to help participants get into work. However, they are also a response borne out of a strong psychological need to reduce the uncertainty of their circumstances, and to allay their guilt for being unemployed and not working or being productive. It seems that participants need to feel as if they are actually doing something to help themselves, and so the mental act of formalising a plan – which they feel has to be realistic and binding on themselves in order for it to be meaningful – is tantamount to decisive action and making progress:

“... and it clears my own mind 'cos then I know in my mind I don't have to feel guilty about not getting a job because I think, well, I've got my plan, you know, it's not like I'm not thinking about it, it's there, it's just not set in stone.”

Sophie

The huge impact of participants' mental health issues seems to have left its mark on their minds. It is as if their issues remain a burden that they have to carry at all times, like a physical weight that has been impressed upon them, weighing them down, which prevents them from functioning properly. As participants look forward

and consider their longer-term future, they are generally pessimistic of ever completely freeing themselves from their difficulties:

“It's [his mental health issues] had a massive impact. I don't think I'll ever be able to put them behind me. ... It's probably a cliché, but it feels like a millstone around my neck and I'm never going to be able to get rid of it.”

Paul

Their longer-term personal aspirations for their private lives are also uncertain, as they worry that their mental health issues will impede or even prevent them from pursuing their goals, such as relationships and starting a family:

“I want to be a mother at some point, but I want to be a good mother ... er, yeah, I'd like, I'd like to have a long-term stable relationship, that would be really good, yeah, but I'm scared that my mental health will prevent that.”

Laura

For most participants, the prospect of securing their material circumstances and settling down seem to be a distant fantasy. They all express a strong desire for a place of their own, which seems to be of the greatest importance to them and would represent one of the crowning achievements of their lives. It would be symbolic of participants attaining adulthood and becoming independent and self-sufficient, which has been discussed earlier in this chapter. They also hold a modest, but perhaps a slightly romanticised vision of their future circumstances, as they yearn for a simple, modest and tranquil existence, where they are peacefully content. These aspirations reflect participants' desire to gain some stability and control over their lives, which they so desperately lack at the present time:

“God. Er, in my dreams I would have a house and that would be it. A house and a dog, maybe two, and, and literally go to work, come home and be happy. Live in, yeah, a nice area.”

Jessica

“... being settled I think. I just want my own house and a dog and a garden.”

Kate

## 8.4. Chapter Summary

In this chapter, I have presented the third master theme of **Angst**. This relates to participants' feelings of existential anguish towards their status of being unemployed with mental health issues, and their hope of overcoming both of these in the near future, without knowing when salvation will appear. Participants experience both **Hope and Despair** with their circumstances, as they struggle with ambivalent feelings towards their circumstances. On the one hand, they still harbour a deep sense of confidence and optimism that they will gain suitable work sometime soon, although it seems a hopeless and impossible situation at times; however, on the other hand, the increasing duration of their unemployment, along with the uncertainty surrounding the unpredictability of their mental health issues, engenders doubts that they will be able to move beyond their current circumstances. This plight leads participants to question and re-evaluate their expectations and outlook towards their lives and careers.

Participants' feelings of angst are also fuelled by their sense of having experienced a **Regression and Dependency** on others. They feel that their lives have not only stagnated or stopped, having lost their sense of forward momentum or progression with their careers, but that they have also moved backwards by returning to an earlier and more primitive state or condition of dependency on others. Despite their strong yearning to be independent and self-sufficient, they have been forced to rely on

others to care for them, with most participants having to return to live with their parents. They compare their circumstances with their friends and peers, which leads them to feel that they are missing out on their lives and careers, and that they have somehow been left behind, perhaps for good.

## **C. PART THREE: Reflexivity and Summary**

### **C.3. Reflexive Commentary on My Findings**

Throughout the data-analysis stage and the writing-up of my findings, I maintained a critical awareness of my own role in these tasks, which was part of the process of 'bracketing' in IPA, as well as my ongoing reflexive practice throughout the research process. For example, my insight into my own mental health issues was particularly helpful in my interpretative work exploring how participants' mental health issues affected their sense-making of being unemployed. I was also in the advantageous position of having the benefit of hindsight, and so I could reflect on my experience to see how I became caught up or entrenched in my own difficulties. This enabled my analysis to detect similarities between participants' accounts and my own experience, for example, and so I could clearly see how the invisible and insidious nature of mental health issues led participants to have difficulty understanding why they thought and felt as they did.

I found that I could readily relate to the majority of participants' accounts, and in some cases, I felt like I was re-living certain thoughts and feelings that I experienced when I was unemployed with mental health issues. The main themes of Fall from Grace, Vulnerability and Angst, as well as their constituent sub-themes, which captured and summarised the core features of participants' accounts, all strongly resonated with my own experience. I could empathise with participants' feelings of a loss of status, prestige and respect as university graduates; their sense of vulnerability because of the volatility and unpredictability of their mental health issues; and above

all, their existential angst towards their circumstances and the fear that they will forever remain “lost” or trapped in the present stage of their lives.

There were aspects of participants' accounts that I could not so readily understand, which seemed strange or even different from my own experience, although these instances often related to specific features of their mental health issues that were different to my own. My analytic task of making sense of these more abstruse features was once again facilitated by my adherence to IPA's principles and techniques, so that any subtle nuances in meaning could be drawn out and considered in relation to other aspects of participants' accounts.

My familiarity with participants' accounts as a whole, however, was supportive of the strong convergence of shared understandings and meanings held among participants, which was reflected in how well-represented the themes were in my sample (see Table 5.6. on page 131 in Chapter Five). This was therefore a strong indication that my themes had successfully captured core features of the phenomenon of being an unemployed university graduate with common mental health issues.

#### **C.4. Summary**

In the third part of this thesis, I have presented the findings from my analysis of the accounts of all 12 participants. These findings comprised of the three overarching master themes of Fall from Grace, Vulnerability, and Angst, which represent the most important and salient aspects of the experience of being unemployed with mental health issues for the group as a whole. In the next part of this thesis, I go on to discuss what these findings mean in terms of the relevant academic literature, before going on to consider the value of my work as a whole.



## D. PART FOUR: DISCUSSION

My findings presented in the third part of this thesis explicate the three overarching master themes and their constituent sub-themes for the group of participants as a whole. In the fourth and final part of this thesis, I provide a discussion of my findings by situating these within the relevant academic literature, before going on to consider the value of my work as a whole.

To do this, I divide my discussion into two chapters. In the first chapter (**Chapter Nine**), I explore my findings in relation to relevant theory and research, which involves a bi-directional consideration of how my themes inform and are informed by this literature – a process that enables a deeper understanding of the nature of participants' experience. I then go on to consider the practical implications of my work and offer some recommendations for future research.

In the second chapter (**Chapter Ten**), I reflect on the research process that I have undertaken and appraise the value of my work in the form of a critical assessment of the quality and validity of my research. To do this, I make use of two sets of evaluative guidelines to structure my assessment, which permit the strengths and limitations of my research to be clearly set out in a systematic and transparent manner.

## 9. Chapter Nine: Implications for Theory and Research

### 9.1. Introduction

My phenomenological approach using IPA has prioritised the meanings that participants ascribed to their unemployment in terms of explanatory importance. This has provided a nuanced understanding of their experience that has highlighted its multifaceted and complex nature, including the strong temporal, existential, emotional and social dimensions to their plight. Participants' struggle to make sense of their circumstances and their sense of self – encapsulated in the three overarching master themes of Fall from Grace, Vulnerability and Angst – strongly resonated with the extant quantitative and qualitative research literature on unemployment and mental health that I reviewed in Part One of this thesis.

However, my findings have also raised a diverse, but interrelated, set of issues that could be explored further in relation to a range of theoretical perspectives, which included life-course development and crises, status passages and identity development. When examining this literature, I found that these different perspectives could be woven together to provide a coherent theoretical account of participants' experience.

I present this composite view over the course of this chapter in three sections. In **Section One**, I suggest that participants' unemployment can be understood to be a stage within an ongoing process in their life journey. Their Fall from Grace – or descent into unemployment with mental health issues – triggers a crisis that is embedded in a broader structural life-transition from university student to the adult world of work, which leaves them straddling adolescence and young adulthood. Their difficulty in completing this transition predominantly accounts for the negative psycho-social impact of unemployment on them, especially its role in undermining their sense of adult maturity. Participants' struggle into adulthood, with their dependency on their parents and inability to enter full-time work, can also be

understood to be part of the broader developmental process of separation-individuation.

In **Section Two**, I suggest that this structural life-transition may be viewed as a disruption to a rite of passage into adulthood. Participants' inability to complete this status passage leaves them suspended in an intermediate or liminal state, which is marked by a strong sense of uncertainty and ambiguity that can account for their multifaceted emotional response to their unemployment. It also provides a means by which to understand the impact of participants' transitional crisis on their sense of self and their identity. Participants' social status as unemployed is incongruent with their proud identity as university graduates, and represents a discrepancy in their self-identity and social identity formation that they need to resolve.

In **Section Three**, I focus on participants' struggle to recover from their mental health issues and to rebuild their lives by trying to secure suitable work of some type. Their liminal state leaves them vulnerable and entrapped in a series of “vicious circle[s]”, where they become increasingly entrenched in their mental health-related difficulties and less able to overcome their unemployment. They face numerous barriers to their entry into work and express reservations about coping once they are in work, which feeds into the dilemmatic nature of their decision to enter work. Their continuing entrapment has also left participants caught up in a recurring cycle of hope and despair, although they are able to utilise different coping strategies to manage the frustration and angst that they feel towards their uncertain circumstances.

Finally, in **Section Four**, I provide a concluding summary of the exploration of my findings in relation to the academic literature, before I go on to consider the practical implications of my work and offer some recommendations for further research.

## **9.2. Section One: Early Adulthood Transition, Crisis and Individuation**

In this first section, I consider the life-course development literature, which provides a useful framework to elucidate my findings by situating participants' experience in the broader context of adult development. This perspective enables a clearer understanding of why and how participants' understandings, meanings and expectations have changed, as their circumstances have changed around them.

In this view, participants find themselves unemployed at a major juncture in their lives: their struggle to move from being university students and into the adult world of work is situated in a transitional period in their adult development. This leaves them in a crisis where they straddle both adolescence and young adulthood, with feelings of adolescent dependence on their parents that undermines their sense of adult maturity.

### **9.2.1. Life-Course Development and Transition**

The life-course approach to development postulates an inter-related biological, psychological and socio-cultural process of change throughout the lifespan, which is comprised of a sequential progression of qualitatively distinct periods or stages that can be interrupted by periods of crisis (Erikson, 1968; Gould, 1978; Levinson, 1978, 1996; Wapner & Demick, 1998). One of the most influential of these life-stage theories is Levinson's framework, which is based on his intensive interview studies of men (Levinson, 1978) and women (Levinson, 1996).

His theory proposes that an individual's life comprises four 'seasons' – Pre-adulthood, Early Adulthood, Middle Adulthood and Late Adulthood – which are periods of stability, where the aim is to build and consolidate a coherent 'life structure'. The life structure revolves around the core developmental tasks of relationships and especially work, which must be addressed in a manner befitting an individual's life-stage, with the aim of attaining an integrated balance of self (one's values, beliefs and objectives) with the world (one's roles, commitments and relationships). These sea-

sons, however, are interceded by unstable periods called 'transitions', where a crisis is likely to occur and may result in the modification or even replacement of the pre-existing life structure.

From the perspective of Levinson's theory, participants' experience of being unemployed with mental health issues is situated in a key transitional stage of their lives and socialisation. Their struggle to make the successful transition from one life structure (i.e., university student and adolescence) to another (i.e., adult world of work) represents a crisis that can be understood in terms of developmental disequilibrium (Caplan, 1964; Slaikeu, 1990). While their crisis has been triggered by unemployment, it is also embedded in a period of imbalance between life structures that has been built up in the preceding stage of their development (Caplan, 1964).

### **9.2.2. Transition and Crisis**

Crises are emotionally volatile and stressful periods (Caplan, 1964; Slaikeu, 1990) that represent a major turning point in an individual's life (Wethington, Kessler & Pixley, 2004). They typically revolve around career (e.g., unemployment) and relationship changes, and the uncertainty and stability that results from these dislocations, which exceed an individual's resources or capacity to cope (Gilliland & James, 1997).

In relation to the crisis literature, participants therefore feel overwhelmed and are immobilised by their circumstances during this uncertain time, which they struggle to comprehend (O'Connor & Wolfe, 1987). Their integrity or 'wholeness' is jeopardised and fragmented (Erikson, 1950), challenging their sense of self, including their beliefs, values, expectations and self-worth, which is accompanied by negative emotions, including: boredom, confusion, grief, anger, despair, alienation, as well as depression and anxiety (O'Connor & Wolfe, 1987).

Life-course theorists generally consider crises to be an integral part of the development process, and are necessary for negotiating the challenges of transition and achieving positive growth (Erikson, 1968, 1980; Hopson & Adams, 1976; King,

2001; Levinson, 1978, 1996; Marcia, 1993). They suggest that a successful resolution to crises involves the realisation and acceptance of the need to adapt or change and pursue a new life direction (Hopson & Adams, 1976; Levinson, 1978, 1996; O'Connor & Wolfe, 1987).

In this view then, participants need to make the necessary tough decisions to relinquish the encumbering features of the old life structure, through the exploration of new possibilities, activities, behaviours and means of coping, in the pursuit of generating new life-goals and values that can be incorporated into the self to form a coherent and meaningful life structure (Denne & Thompson, 1991; Levinson, 1978; Robinson & Smith, 2010).

### **9.2.3. The 'Dream'**

Levinson also proposes how the adult development of individuals is often purposively directed towards attaining their ideal vision of themselves and their lives in the future, which he termed the 'Dream' (Levinson *et al.*, 1976). This Dream typically originates in adolescence, or even before, and often pertains to an ideal career or ideal private life, however fanciful or modest it may be. The Dream holds great existential significance and acts as a potentially “vitalizing force for adult development” (Levinson *et al.*, 1976, p. 23), which motivates individuals to take the requisite steps to realise it. Any life structure that is not conducive to the realisation of the Dream may lead to a reassessment of its significance at transitional periods; moreover, the despoiling of the Dream may trigger a crisis episode (Levinson *et al.*, 1976).

Participants' Fall from Grace can be seen as the despoiling or compromising of the Dream and the trigger for their crisis. It represents the loss of their pre-graduation world-view of their sense of self and their hopes, aspirations and expectations for their careers and personal lives in the near future. Both their career aspirations and personal goals in their private lives are now uncertain and seem to be further away, or in some cases, a distant fantasy.

The core developmental tasks of work (career) and private life (Levinson, 1978, 1996) are inextricably connected in participants' minds, as they understand work to be necessary for them to pursue their personal goals in their private lives. However, they are generally pessimistic of ever completely freeing themselves from their mental health-related difficulties, and that these issues will impede or even prevent them from pursuing their goals, such as establishing relationships and starting a family (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Participants therefore need to create a new life structure that can accommodate these issues, including a new Dream to pursue, befitting their vulnerability. This entails a radical examination of their priorities in life, prompting existential questions of what they would or could be able to do with their lives in terms of a career, as they endeavour to reconcile conflicting objectives, and attain a balanced and satisfactory life structure. Participants struggle with these questions, as they are restricted in their choice of career, not only by their mental health issues, but by their interest and desire to pursue the choices that are available to them (see Chapter Eight, Master Theme Three: 8.2. Hope and Despair).

#### **9.2.4. Early Adulthood Transition**

The life-stage that is of interest to this thesis is the early adulthood period. Epidemiological statistics show that the transition from adolescence to adulthood is one of the most high-risk periods for developing mental health issues in the whole lifespan (Robinson, 2012). Levinson's (1978) theory of Early Adulthood considers this stage to take place approximately between the ages of 20 and 40. The structure to this stage (see *Fig. 1.* below) comprises two periods of stability, which are interceded by transitional periods where a crisis is likely to occur.

Early Adulthood Transition (17-22)	Entry into Early Adulthood (22-28)	Age 30 Transition (28-33)	Settling Down (33-40)	Mid-life Transition (40-45)
	EARLY ADULTHOOD			

*Figure 1.* Levinson's (1978) Structure of Early Adulthood.

The Early Adulthood Transition (approximately between the ages of 17 and 22), which straddles adolescence and early adulthood, entails an exploration of new adult roles, opportunities and expectations in relation to work and relationships. These initial tentative steps retain the more experimental features of adolescence, but are undertaken with a more purposive and committed frame of mind. After this transition, the Entry into Early Adulthood period (approximately between the ages of 22 and 28) involves creating a coherent work-family life structure for the first time, outside of the protective environment of parental authority.

The Age 30 Transition (approximately between the ages of 28 and 33) may present a challenge to this on-going building process, which progresses into the Settling Down phase (approximately between the ages of 33 and 40). This involves establishing a firmer and more committed work-family life structure, which typically involves pursuing selected goals, such as career advancement and deepening romantic relationship or family ties. The arrival of the Mid-life Transition, signals the end of Early Adulthood (approximately between the ages of 40 and 45) and the beginning of Middle Adulthood. Once again, this transitional period might involve a crisis, as the quality and significance of commitments relating to the work-family life structure often change between the beginning and the end of the Early Adulthood stage.

Transposing participants' experience onto Levinson's Early Adulthood framework, their crisis seems to correspond to the Early Adulthood Transition period, which is theorised to take place between the ages of 17 and 22. Yet, participants, who are all between the ages of 22 and 28, are undergoing this transition at an older age. By choosing to continue their studies into Higher Education, they have, in effect, de-



ferred the Early Adulthood Transition period, between the ages of 17 and 22, where a crisis is likely. Upon leaving university and entering the labour market, they are now confronted with the issues of this transition that they would have faced at an earlier time, when they left school. Indeed participants described their sense of “floating” and of being “at the stage [they were] at when [they were] 16” during this suspended entry into adulthood (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Levinson's Early Adulthood Transition period does not accommodate a delayed or suspended entry into adulthood by those individuals who continue their studies into Higher Education, only to leave university and enter unemployment. This discrepancy between participants' experience and Levinson's theory therefore raises a number of issues that merit closer inspection. In the next section below, I provide a deeper consideration of this mismatch, and in doing so I engage with current debates around Levinson's theory, drawing on the broader critique of life course theories in general, in order to demonstrate the contribution of my findings to the development of theory in this area.

#### **9.2.5. Levinson and the Life-Course Approach: Current Controversies and Theoretical Implications of Participants' Experience**

The comparison between participants' experience and Levinson's theory has enabled their unemployment and mental health issues to be situated within the broader structure of life-course development. However, the observed discordance between participants' sense of experiencing a delayed or suspended entry into adulthood and Levinson's (1978) conception of the early-adulthood period can be better understood by examining criticism of his work. Specifically, Levinson's ideas and the life-course approach in general, have drawn criticism because of their purported universality of structure to the life-course and its strongly normative connotations for life-course development. These large-scale notions have become especially problematic in the late

20<sup>th</sup> and early 21<sup>st</sup> centuries, as the modern structure to the life-course has changed in significant and often dramatic ways.

While it should be made clear that Levinson only intended his theory to serve as a conceptual template to aid understanding of life-course development in the Western world, and in no way did he believe his framework to be prescriptive or deterministic (Levinson, 1978), his theory was developed in the 1970s and there have been major economic and socio-cultural changes to the broader context in which individuals experience early adulthood since this time.

For example, there have been significant changes in work structures, practices and relations, as well as partnership, marriage and parenthood patterns. Perhaps most significantly of all, is the UK economy's shift away from manufacturing and towards knowledge and information in recent decades, which has meant that a degree, or even a higher degree, has become necessary for access to many occupations (Elias & Purcell, 2004). The accompanying expansion of Higher Education, increased opportunities and removal of barriers to access have served to create a less rigid and more pluralistic society, which undermine the structural assumptions of Levinson's model to some degree.

In this manner, the structure to the life-course has become less 'standardized', 'de-institutionalized' and increasingly 'individualized' (Macmillan, 2005), which has instigated a number of contentious issues for life-course theories. First of all, the increased social differentiation across groups raises debate concerning if this increases or multiplies inequalities by further undermining life-opportunities in work/employment (Macmillan, 2005). For example, the expansion of Higher Education and increasing numbers of graduates holding degrees within an economic context of limited job opportunities has perhaps created smaller pockets of disadvantage where inequalities may develop. Certainly, it could be argued that the increased variability in life-course structures and trajectories into early-adulthood, the increased pace of economic change, and the instability of social roles may be connected to increased men-

tal health issues (Arnett, 2000), which can hinder progress into work, as evidenced by participants' experience documented in this thesis.

A second and related issue for the life-course approach is that its endeavour to produce a universal framework applicable to all individuals has meant that these theories mask the challenges and difficulties faced by minority or atypical groups, such as the graduates with common mental health issues studied in this thesis. For example, while participants express their desire to pursue the same life-course structure and trajectory as their peers, who are not afflicted with mental health issues, their pursuit of this pathway and capacity to make the transition into early-adulthood is clearly circumscribed by their mental health issues. The most salient difficulty being their vulnerability to becoming entrapped in a “vicious circle” by the ongoing interplay between their unemployment and mental health issues, which in their experience, only breeds further disadvantage and possible inequalities that they must tackle (see Chapter Seven, Master Theme Two: 7.3. Entrapment).

For these graduates, their struggle to make the transition into early-adulthood is characterised by a sense of being suspended in an ambiguous or liminal state, which is marked by a strong sense of disorientation and loss of expectation. Interestingly, their own normative values and beliefs relating to the appropriate order and timing of life-course events, roles and transitions (i.e., to enter work, establish career, marriage etc.) are more or less in line with Levinson's (1978) timetable for when these life-events occur, which suggests that these still hold importance for the understanding of the life-course in today's university graduates.

However, the disjunct between where participants are in their lives and where they think they ought to be has a considerable impact on their sense of self and identity as university graduates, which creates discrepancies that they attempt to reconcile. Their lives have stagnated and they are left feeling excluded, isolated, left behind and missing out on life, as well as considerable angst relating to the uncertainty of their future.

These insights into the struggles faced by these graduates therefore demonstrate the value of an idiographic approach using IPA. It has highlighted the difficulties that

life-course theories have in providing an overarching 'global' framework applicable to all people, as they emphasise general patterns in individual structures and trajectories at the expense of situational factors and individual circumstances. By focusing on how these graduates interpret and give meaning to what is a major life event and transition for them, this thesis provides rich and nuanced details relating to the unique experience of a small and atypical group of individuals, as they negotiate the challenges of the early-adulthood stage of the life-course.

### **9.2.6. Emerging Adulthood**

More recent developments in life-course theory include Arnett's (1998, 2000) theory of Emerging Adulthood, which is a period that corresponds to Levinson's (1986) transitional stage into Early Adulthood between the ages of 17 and 22. Arnett describes how social adulthood, which involves taking up adult roles, such as marriage, parenthood and full-time work lags behind the conferred legal rights of adulthood (usually granted at the age of 18 in Western countries). For example, demographic data demonstrate how the current average age for marriage is between 26 and 30, and first-time parenthood is between 27 and 31 in the majority of economically developed nations (Robinson, 2012).

The incongruence between legal and social adulthood therefore represents a new stage in the life-course between the end of adolescence and the attainment of young adulthood (Arnett, 2000, 2006). This new stage can lead to a sense of ambiguity regarding adulthood status, where individuals feel like adults in some ways, but not in others (Arnett 2000, 2001), much in the same manner demonstrated by participants.

For example, participants' lag into social adulthood is bound-up with the education-to-work transition, which is a pivotal step in the Early Adulthood period (Herr & Cramer, 1984). There is some evidence that work provides an important role in the developmental transition from adolescence to adulthood, and that the failure to move from school and into work hinders the transition to financial independence, marriage and parenthood, which are all associated with adulthood (Arnett, 2000; Reitzle & Silbereisen, 2000).

However, by continuing their studies into Higher Education, participants deferred the school-to-work transition, and are now belatedly facing the same issues after graduation. Their subsequent Fall from Grace (i.e., their unemployment with mental health issues) has seriously challenged their capacity to be independent and self-sufficient. They have become heavily reliant on their family and friends for material and financial support, and they are very uncomfortable with this state of dependency on others (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Participants' lag into social adulthood is therefore experienced as a stagnation, having lost their sense of forward momentum or progression with their careers. This is accompanied by a sense that they have actually moved backwards by returning to an earlier developmental stage of child-like dependency on others, which is epitomised by returning to live at home with their parents (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Participants' experience therefore fits neatly with Galambos, Turner & Tilton-Weaver's (2005) findings that a continued reliance on parents for financial and material assistance can also lead to feelings of adolescent dependence that undermine adult maturity. Participants' sense of dependency and struggle with the tasks that are representative of adulthood, namely: separation from parents and entry into full-time work, can also be understood to be part of the broader developmental process of separation-individuation, which is explored further in the next section below.

### **9.2.7. Separation-Individuation**

Separation-individuation refers to the development of the self during the first 36 months of life, where children learn to distinguish or differentiate their sense of self from other entities in the world around them, and become increasingly autonomous and independent (Mahler, Pine & Bergman, 1975). There is a consensus that this process of separation-individuation carries on into adolescence and young adulthood (Blos, 1962; Grotevant & Cooper, 1985; Josselson, 1980, 1988; White, Speisman &

Costos, 1983), where the main developmental issues relate to re-defining family ties and to re-establish these on a more independent basis (Daniels, 1990; Lapsley, Rice & Shadid, 1989).

To do this, young adults must extricate those dependent features of their sense of self that are embedded in family relationships, and differentiate themselves from these by establishing a more autonomous and independent self (Blos, 1979). This involves developing a clearer sense of self – of who one is and what one wants – and to become increasingly self-directed in one's actions (Levinson, 1996). However, this is an ongoing difficult task to resolve satisfactorily, as the individual endeavours to reconcile the dialectical opposites of autonomy and connectedness (Baxter & Montgomery, 1996; Daniels, 1990), and attain an optimal balance of sense of self and external world (Levinson, 1996).

Participants' circumstances seem to hinder them from being able to resolve these separation-individuation issues. They understand autonomy from their parents to mean independence and self-sufficiency, which they equate with the physical stage of development, where they have attained adulthood and are strong enough to survive on their own without any assistance from others, especially their parents. Being unemployed with mental health issues has not only stifled participants' personal growth and development, but actually left them in a weakened state where they are unable to fend for themselves, as if they have moved backwards and regressed to an earlier and more primitive state of child-like dependence on others, especially their parents.

Hoffman (1984) has delineated four dimensions to the process of psychological separation or independence from one's parents, which provide a useful means by which to further understand participants' struggle with the separation-individuation process. These comprise 'functional', 'attitudinal', 'conflictual' and 'emotional' independence: functional independence refers to the capacity to organise and carry out everyday personal and practical tasks without parental assistance. Attitudinal independence relates to holding a set of opinions, beliefs, values that are one's own and not those of one's parents. Conflictual independence is the absence of feelings of excessive guilt,

mistrust, anxiety, resentment and anger towards one's parents. Finally, emotional independence is the absence of feeling an excessive need for closeness, approval and emotional support from one's parents.

Using Hoffman's (1984) categorisation, participants' circumstances can be seen to have hindered their ability to establish conflictual independence, and in some cases, functional independence too, although this is specifically due to their mental health issues (see Chapter Seven, Master Theme Two: 7.2. Paralysis and Withdrawal). Their reliance on their parents for material and financial support leads to feelings of resentment, guilt and anxiety, as they worry that they are a burden on them. They also feel guilt for believing that they have let their parents down, as if they have broken an implicit agreement or a perceived obligation to fulfil and repay the faith, hopes and expectations of their parents, by failing to convert their academic success into a successful career (see Chapter Six, Master Theme One: 6.3. Waste, Failure and Blame).

Participants' sense of dependency is epitomised by returning to live at home with their parents. This is experienced as a watershed moment in terms of participants' temporal understanding of where they are in their lives, despite some of their peers also moving back to live with parents. They consider it to be a retrograde step, back to their original starting point, which symbolises their failure to succeed in the adult world by becoming independent and self-sufficient (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Participants view moving out of their parents' home, in the first instance to attend university, as the fulfilment of an important condition necessary for moving their lives forward. During this time, they had experienced a physical separation from their parents and entered a new environment that involved important challenges to the separation-individuation process. They had to take responsibility for managing themselves on a daily basis and were confronted with manifold lifestyle, identity and career options, as well as opportunities for new social and romantic relationships (Lapsley & Edgerton, 2002). This sense of progression for participants, then, has

been disrupted by their circumstances, especially by returning to live at home with their parents.

In a study into student adjustment to university in the USA (Lapsley, Rice & Shadid, 1989) similarly found that those students at an advanced stage of their studies still struggled with conflictual dependence. For example, they were dependent on parental financial assistance, which might have led to resentment, anxiety, or guilt, to varying degrees. The authors suggest that conflictual independence would only be attained after graduation and upon entry into the adult world of full-time work. Participants' unemployment and inability to enter full-time work can therefore be seen to be a hindrance to their task of making a satisfactory separation from their parents.

### **9.3. Section Two: Rite of Passage, Liminality and Identity**

In this second section, I consider how participants' transitional crisis or developmental struggle may also be construed in terms of a disruption to a rite of passage into adulthood. Their inability to complete this status passage leaves them suspended in an intermediate or liminal state, which can account for their multifaceted emotional response to their unemployment. It also provides a means by which to understand the impact of participants' transitional crisis on their sense of self and their identity. Participants' social status as unemployed is incongruent with their proud identity as university graduates, and represents a discrepancy in their identity that they need to resolve.

#### **9.3.1. Transition as a Rite of Passage**

Participants' transitional crisis may be considered to be part of a status passage into adulthood that they have been unable to fully complete. The concept of a status passage neatly captures participants' plight, as it can be understood as the “movement into a different part of a social structure, or a loss or gain of privilege, influence, or



power, and a changed identity and sense of self, as well as changed behaviour” (Glaser & Strauss, 1971, p. 21).

In a major work in the area, Arnold van Gennep (1960/1908) suggested that status or rites of passage are symbolic, meaning-making ritualistic events that are an integral part of the socialisation process in all societies (van Gennep, 1960/1908). His study led him to suggest that these rituals share a three-phase structure. They comprise a pre-liminal 'Separation' phase from society and an old sense of self or social status; a liminal or 'Transition' phase between two different states; and a post-liminal 'Reincorporation' phase back into society with a new sense of self or social status (Turner, 1969; van Gennep, 1960/1908).

In this view, participants' Fall from Grace can therefore be understood as part of a broader social transition, where they have been divested of their privileged status, prestige and respect as university graduates, as well as their corresponding pre-graduation world-view of their sense of self. Participants' graduation should have marked their Reincorporation back into society with the fulfilment of their career aspirations that were commensurate with their newly attained social status as university graduates. Instead of successfully going on to complete their rite of passage and ascend into a higher developmental stage of adulthood, which confers an increased status (Arnett, 2007), they have fallen or descended into the 'sin' of unemployment. Participants have therefore been denied their moment of 'coming of age', and with it the attainment of maturity, recognition and respectability that comes with being adults, something that they are missing by being unemployed.

There is a combined temporal and social dimension to participants' understanding of this rite of passage, as they consider it to be an individual journey that is taken with their peers and friends. In this sense, it is a collectively-shared rite, as their bond and sense of togetherness from being part of a generational group, sharing the same experiences and progressing together through school and university, has been disrupted and broken by their unemployment.

Instead their lives had stagnated, while most of their friends have gone on to find suitable work. Participants felt a sense of inevitability that they would obtain suitable employment, almost immediately after leaving university, as if it was predestined to happen to them, just as much as it was for their peers and friends. However, they remain passive onlookers, as they observe their friends move on and away from them, seemingly leading far happier and more rewarding lives, which leaves them feeling excluded, isolated, left behind and missing out on life (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Van Gennep's framework on rites of passage is of great significance to this thesis, especially his concept of liminality, and provides an apt theoretical concept that helps to further understand participants' experience, which is explored in the next section below.

### **9.3.2. Liminal Phase**

A defining feature of participants' experience is their strong sense of being caught betwixt and between – a state that resembles van Gennep's (1960/1908) concept of liminality. A defining feature of liminality is the “absence of a self-defining connection” to the social world (Ashforth, 2001, p. 136). Participants' unemployment therefore represents a liminal state, as they are no longer university students, nor are they part of the adult workforce, which leaves them suspended in an ambiguous state, somewhere between adolescence and adulthood.

Participants exhibit a multifaceted emotional response to this liminal phase, which can be further understood in relation to 'stage' theories of unemployment. These theories of unemployment conceptualise the psychological response to job loss-related unemployment as a generic process that involves a progression of different emotions, which can be represented as stages (e.g. Eisenberg & Lazarsfeld, 1938; Zawadzki & Lazarsfeld, 1935; and more recently, Hill's (1978) model based on unemployed youth in the UK). These stage accounts have received a mixed response, with some

empirical support in the literature (e.g., Hayes & Nutman, 1981; Hepworth, 1980; Kelvin & Jarrett, 1985; Warr & Jackson, 1984).

While these models formulate different stages, there is a great deal of overlap and convergence among them. They typically describe unemployment to be met with a psychological response of: **(1)** shock and disorientation, then **(2)** anger, followed by a period of **(3)** acceptance or adjustment to the unemployment. Participants demonstrated a similar pattern in their response to their Fall from Grace that conforms to this broadly defined process. Their unemployment leaves them in a state of **(1)** shock and disorientation towards their circumstances. This is followed by a **(2)** sense of injustice and rumination on the loss. Participants also exhibit a **(3)** grief or mourning response, which along with the rumination may be part of the process of adjustment to the loss.

The grief component to unemployment is absent in the traditional theoretical frameworks of unemployment (e.g., Fryer, 1986; Jahoda, 1981, 1982; Warr, 1987, 2007), although a more recent stage account proposed by Amundson and Borgen (1982) incorporates Kübler-Ross' (1969) five stages of grief and bereavement (e.g., denial, anger, bargaining, depression and acceptance) into their articulation of the job loss-unemployment process. I discuss each of the three 'stages' of participants' response to their unemployment in more detail below.

#### **9.3.2.1. Shock and Disorientation**

Participants struggle to come to terms with their unemployment. It has shattered their pre-graduation world-view of their sense of self as invulnerable and omnipotent, along with their corresponding high hopes, aspirations and expectations for their careers and personal lives in the future. These findings concur with a phenomenological case study of a recent graduate (whose mental health status was not reported) carried out by Perrone and Vickers (2003), who found evidence of inflated and unrealistic expectations relating to job/career prospects, and a need for readjustment after some experience in the workplace.

Participants' unemployment therefore represents a liminal state of disorientation towards their circumstances (Ashforth, 2001), and they are desperately trying to resolve the uncertainty that is inherent to this indeterminate and nebulous state. Participants feel as if they are stranded or “floating” helplessly in empty space, having lost their ability to take control over the direction of their lives and to be able to drive it forwards. Even their perception of the passing of time seems to have slowed down, due, in part, to their mental health issues, but also because of the loss of structure and routine to their lives by being unemployed.

The liminal phase is further characterised by a sense of meaninglessness (Ashforth, 2001). Participants feel an absence of meaning in their lives, which relates to their sense that they are wasting their lives by being unable to put their skills to meaningful use. They are left feeling useless and unproductive, accompanied by a strong sense of failure and guilt for being unemployed. These negative feelings undermine their sense of self-worth, which only reinforces their pre-existing sense of inadequacy from having mental health issues (see Chapter Six, Master Theme One: 6.2. Loss of Expectation and Disorientation; 6.3. Waste, Failure and Blame).

### **9.3.2.2. Injustice and Rumination**

Participants feel a strong sense of injustice towards their unemployment, which is accompanied by feelings of regret, failure and guilt. They feel a sense of wasted potential as their skills, abilities and effort seem to have been spent uselessly and to no avail. Much has been written about Generation Y or the Millennials (Howe & Strauss, 2000) (i.e., those born in the years ranging from the early 1980s to the early 2000s), and it is often asserted that this group have high expectations for their lives and hold a sense of being entitled (e.g., Twenge, 2006).

However, for participants, their beliefs and original high expectations relating to their careers suggests that this general sense of being entitled is not without foundation or some justification. They believe that they deserve or are worthy of a fairer outcome based on their own merit, which stems from a sense that they have a legitimate claim – rather than a right or entitlement – to suitable jobs based on their qual-

ifications, experience and hard work (see Chapter Six, Master Theme One: 6.2. Loss of Expectation and Disorientation; 6.3. Waste, Failure and Blame).

Participants' rumination revolves around their sense of injustice towards their unemployment, focusing on their own reactions to the loss and the reasons for its occurrence. Rumination is broadly defined as repetitive and recurrent, self-focused thinking about a negative event or emotions (Michael *et al.*, 2007), and it is associated with general distress, mental health issues (e.g., anxiety and depression) and grief (Bodnar & Kiecolt-Glaser, 1994; Boelen, van den Bout & van den Hout, 2003; Eisma, Stroebe, Schut *et al.*, 2014; Nolen-Hoeksema, Parker & Larson, 1994), although the relationship among these is unclear (Eisma, Schut, Stroebe *et al.*, 2014).

Its role in adjustment or coming to terms with loss is controversial and there is debate about whether it constitutes an act of confrontation with negative events, emotions and memories (Nolen-Hoeksema, 2001; Nolen-Hoeksema & Larson, 1999) or is a form of avoidance and denial of these (Eisma *et al.*, 2013; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008; Stroebe *et al.*, 2007).

For example, on the one hand, participants' continual confrontation with the loss and loss-related emotions may exacerbate their mental health issues (Nolen-Hoeksema, 2001; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008; while, on the other hand, their rumination may act as a means to avoid facing up to the painful reality of the loss (Boelen, van den Hout & van den Bout, 2006). Stroebe *et al.* (2007) contend that this type of avoidance hinders the process of reaching an acceptance of the loss, serving to perpetuate the grief response. I discuss participants' grief response to their Fall from Grace in more detail below.

### **9.3.2.3. Loss and Grief**

Participants also exhibit an emotional response to their unemployment that is redolent of the period of grief and mourning that follows a bereavement. This comparison might seem inappropriate at first sight, but being unemployed with mental health issues represents the loss, perhaps termination, of a major life-involvement for parti-

cipants. For some, it is even akin to a death of their Dream (Levinson *et al.*, 1976) or a vision of their future sense of self. Indeed participants exhibit many of the main characteristics that are associated with loss and grief, which include: lingering feelings of shock and disorientation; preoccupation or rumination with what has been lost; and a sense that life is empty and devoid of any meaning (Parkes, 1972).

The psychological literature on loss and grief has mainly been studied in the context of bereavement, although several researchers have suggested that the loss-grief relationship is also applicable to other personal losses, such as job loss and unemployment (e.g., Archer & Rhodes, 1987; Carlson *et al.*, 2000; Fagin & Little, 1984; Harvey & Miller, 1998; Hayes & Nutman, 1981; Hill, 1978). For example, Parkes (1971) observed that unemployment can be expected to have the same “crippling” (p. 107) psychological effect as other types of loss. There have also been some empirical studies that have found some evidence for the existence of the loss-grief relationship in the context of job loss and unemployment (Archer & Rhodes, 1993, 1995; Brewington *et al.*, 2004).

Research into bereavement-related loss suggests that the intensity of the grief response in bereavement depends on the extent to which the loss disrupts the sense of self, where a greater difficulty in reconciling the loss with the self triggers a stronger grief response (Gillies & Neimeyer, 2006; Neimeyer, Prigerson & Davies, 2002; Park, 2010; Parkes, 1985). Archer & Rhodes (1995) have similarly found that work-role centrality, or the degree to which the value or meaning of one’s life is derived from work, is positively associated with grief symptoms in unemployment.

Indeed work and career-related issues are pivotal to participants' sense-making of their sense of self and their circumstances. They often invoke concepts such as 'self' and 'identity' when articulating how they think or feel about themselves in relation to being unemployed. Participants liken their lives to being on a journey, where work serves to help them to locate where they are in their lives by establishing their bearings, giving them a sense of direction; while the advancement of their career is crucial to their general sense of making progress with their lives (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Unemployment therefore leads to a strong grief response in participants, as they have difficulty reconciling this with their sense of self. They are mournful of lost opportunities to use their degrees and fulfil their career aspirations, which undermine their sense of being university graduates. There is also a dramatic contemplation of the end of their careers, and with it their lives too, which is associated with an impending sense of expiry, once again akin to a death. Participants feel that their chance to do something with their lives, by using their degrees, seems to be rapidly diminishing and may even be lost for good, which leaves them feeling obsolete, as if they are from a bygone era (see Chapter Eight, Master Theme Three: 8.2. Hope and Despair).

However, participants' grief response to their sense of loss relating to their unemployment is complicated by the presence of their mental health issues. Anxiety and depression are often concurrent with a grief response in bereavement (Bonanno *et al.*, 2007; Golden & Dalgliesh, 2010), and so it is quite likely that participants' grief is conflated with their mental health issues in some way, although there is some evidence to suggest that job loss/unemployment-related grief is a distinct construct to general depression and general anxiety (Papa & Maitoza, 2013).

Participants do express grief and sorrow in relation to the impact of having mental health issues on their sense of self. For example, they grieve or mourn a part of themselves that could have been but was not given the chance to flourish, believing that they would have had a more interesting, exciting and successful life had they not been afflicted with mental health issues (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Bereavement-related loss research also provides a useful insight into how individuals let go of the past and begin to move forward in changed circumstances (Bonanno & Kaltman, 1999). Overcoming grief involves an acceptance of “the reality of a changed world”, which entails the development of “new roles, identities and relationships” (Stroebe & Schut, 1999, p. 215). Indeed it is common for people to undertake a significant reappraisal of their values, goals and commitments as a result of

significant loss (Bonanno, 2009), and participants' Fall from Grace means that they also underwent a major re-evaluation of their job and career plans, which I discuss further in Section Three of this chapter.

The detrimental impact of participants' Fall from Grace on their sense of self and their subsequent emotional response to it can also be understood from the perspective of identity theory. This approach, which is explored further in the next section below, suggests that participants' Fall from Grace and descent into sin has created a discrepancy in their sense of self, which is incongruent with their proud identity as university graduates.

### **9.3.3. Fall from Grace and Identity**

Work and career play a crucial, often central, role in participants' sense-making of their unemployment and its impact on their sense of self or identity. These issues are theorised to be integral concerns for those individuals in the Early Adulthood stage of their lives, according to the life-stage theories (e.g., Erikson, 1968; Levinson, 1978, 1996) that I discussed in Section One of this chapter.

However, identity theory extends this analysis further by contending that individuals are seeking to continually reaffirm their identity through the use of strategies (e.g., employment/work) to maintain desired role-performances (e.g., employed worker) that are associated with a positive or valued identity. In this view, unemployment therefore creates an inconsistency between participants' strategies and desired role-performances that poses a threat to their identity (Ezzy, 1993). The inconsistency between their strategies and role performances represents a discrepancy in participants' view of their sense of self, which can also be understood in terms of self-discrepancy theory (Higgins, 1987, 1996).

Higgins (1987, 1996) proposes that individuals utilise 'self-guides', which are self-defined parts of their selves, to provide a basis for self-evaluation judgements. Types of self-guides include the 'actual self' (beliefs about characteristics that I have); 'ideal self' (beliefs about characteristics I would like to have); and the 'ought self' (beliefs



about characteristics I should have). Higgins' theory accounts for how different identity-related discrepancies among these self-guides are associated with specific types of emotional responses.

For example, a discrepancy between actual and ideal self-guides will lead to dejection-related emotions, such as anger, as the desired self has not been attained. A discrepancy between actual and ought self-guides, by contrast, will lead to agitation-related emotions, such as guilt, as the self that should have been attained has not been realised (Higgins, 1987; Higgins, Shah & Friedman, 1997; Shah & Higgins, 2001).

When considered in the context of participants in the present study, self-discrepancy theory suggests that their Fall from Grace serves to create a negative discrepancy among their self-guides. More specifically, there is a conflict between their actual self-guide and their ideal/ought self-guides, which leads to specific emotional responses predicted by Higgins' (1987, 1996) theory. Firstly, there is a discrepancy between their actual and ideal self-guides – as they are unable to attain their post-graduation life and career-related aspirations – which leads to their dejection-related emotions of sadness and mourning. Secondly, there is also a discrepancy between their actual and ought self-guides – as they have failed to live up to their own or significant others' expectations of themselves – which leads to their agitation-related emotions of failure and guilt.

These discrepancies among their self-guides are most apparent to participants when they feel stigmatised for being unemployed with mental health issues, which I discuss below.

#### **9.3.4. Identity and Stigma**

Participants' experience of being stigmatised for being unemployed with mental health issues can be neatly categorised using Thornicroft's *et al.* (2007) framework for understanding stigma. Their conceptualisation of this phenomenon comprises the

three problems of: knowledge (ignorance or misinformation), attitudes (prejudice) and behaviour (discrimination), which I discuss in more detail below.

Participants' Fall from Grace leaves them feeling marked or tarnished, subject to reproach, prejudicial attitudes and criticism. They believe that there is something disgraceful or shameful about their circumstances, as if they have fallen into 'sin' by becoming unemployed with mental health issues, which is incongruent with their proud identity as university graduates. Participants therefore seem to self-stigmatise, which means that they agreed with public stereotypes and internalised these views, leading to their low self-worth and feelings of demoralisation towards their circumstances (Corrigan & Watson, 2002; Rüsch *et al.*, 2006) (see Chapter Six, Master Theme One: 6.4. Stigma and Shame).

While participants are quite sure that people will react negatively to their unemployment, they are much more concerned about the prejudice surrounding their mental health issues, although they are less certain about the type of response that their mental health issues will receive from others. While research suggests that people with mental health issues have to cope with widespread stigma and discrimination (Schomerus *et al.*, 2012), participants' mental health issues are a concealable stigmatised identity and the extent of the visibility of a stigmatised attribute of self is important in influencing an individual's social identity (Fable, 1993).

For example, participants face the dilemma of whether or not to disclose their condition to others. While they feel a strong need to share their suffering with others, they are generally reluctant to divulge their mental health issues to others, as they fear being ostracised or rejected by their friends. They are especially concerned about potential employers discriminating against them in a way that might hinder their chances of obtaining and maintaining employment (see Chapter Six, Master Theme One: 6.4. Stigma and Shame).

This dilemma is a common problem for individuals with mental health issues, especially in an employment context (Wheat *et al.*, 2010). There is some evidence that individuals report being turned down for a job because of their mental health issues (Mental Health Foundation, 2002). Moreover, the invisibility of mental health issues can be troublesome, as co-workers may have difficulty understanding the reasons for a reduced capacity to work (Bertilsson *et al.*, 2013; Saint-Arnaud, Saint-Jean & Demasse, 2006; Ståhl & Edvardsson Stiwne, 2014). Disclosure in the workplace has also been linked with the negative response of rejection or the positive response of social support; whereas non-disclosure carries the risk of discovery, which can be a continual source of stress (Brohan *et al.*, 2012; Brohan *et al.*, 2014; Link, Mirotznik & Cullen, 1991).

On top of these pressures, participants similarly worry that others will be doubtful of their reasons for not being at work, and that these are seen as 'excuses' that are not genuine or legitimate. However, further research is needed to more fully understand the disclosure beliefs and behaviours of those with mental health issues (Brohan *et al.*, 2012).

The stigmatising impact of participants' Fall from Grace on their sense of self and identity is part of a broader transitional crisis, which requires a process of readjustment and re-evaluation. For example, in terms of self-discrepancy theory, which I discussed above, the stigma of being unemployed with mental health issues necessitates a need for participants to reappraise the relevance and suitability of their ideal and ought self-guides. Given their changed circumstances, they need to establish a new standard for self-evaluation, which will enable them to overcome their loss-related emotions (Higgins, 1987; Higgins, Shah & Friedman, 1997).

I provide a deeper exploration of the impact of participants' Fall from Grace on their sense of self and identity, including their need to establish a new basis on which to evaluate themselves, in the context of van Gennep's (1960/1908) tripartite structure to social transitions in the next section below.

### **9.3.5. Crises, Social Transitions and Identity**

The life-course development and crisis literature, which I discussed in Section One of this chapter, suggests that the defining aspect of crisis is the disruption to the continuity of identity, which threatens the coherence of the sense of self (Becker, 1997; Erikson, 1968, 1980; Levinson, 1978, 1996). For example, Erikson (1950, 1968) proposed that the main challenge of adolescence is the 'identity crisis'. This involves experimenting with possible futures, by exploring one's abilities and interests, and matching these to different roles and activities with a view to making more committed long-term choices in work and relationships.

Several decades after Erikson made this observation, Arnett (2004, 2006) and Côté (2000) suggested that this identity crisis now takes place at the later developmental stage of Emerging Adulthood, rather than in adolescence, which fits with participants' crisis that I discussed in Section One of this chapter. Participants' Fall from Grace has therefore triggered their identity crisis and van Gennep's (1960/1908) tripartite framework of Separation, Transition and Reincorporation, which I described earlier in this section, provides a means by which to further understand the impact of this transition on their sense of self or identity.

In this view, participants' Fall from Grace represents the loss or Separation from their pre-liminal old sense of self and identity that came with having the high social status of being university graduates, along with their corresponding pre-graduation expectations and world-view. This raises fundamental and retrospective existential questions for participants relating to who they were (Conroy & O'leary-Kelly, 2014).

During the Transition or liminal phase, this loss creates the need for participants to establish a new sense of self and identity through a gradual process of rebuilding, which is dominated by questions relating to who they shall become in the post-liminal state (Conroy & O'leary-Kelly, 2014). Participants are therefore making sense of their identity at this time (Maitlis, 2009), which involves the exploration and appraisal of possible selves (Marcia, 1993; Nidorf, 1965; Thurnher, 1983).

Indeed participants' narrative around their existing sense of self is nebulous during this transition, and they demonstrate key characteristics of being in a liminal state. For example, it has a disorientating (Ashforth, 2001) impact on their sense of self, leading them to occupy a place of uncertain identity, somewhere between adolescence and adulthood. Some participants also feel a sense of having an incomplete identity, as their unemployment represents an emptiness or absence of identity that amounts to a sense of having a meaninglessness existence (Ashforth, 2001), leaving them with a huge space to fill (see Chapter Six, Master Theme One: 6.2. Loss of Expectation and Disorientation; Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

Despite feeling cut off from the outside world by their unemployment, participants still feel inextricably bound to the world around them by the relational and social nature to their being. Throughout their accounts, they often discuss themselves in relation to significant others (i.e., family, partners, friends) and the broader social context of society. This strongly influences the nature of their experience, along with their thoughts and feelings towards themselves, as they look outward to make sense of their plight.

There is a dual nature to this Transition or liminal process (Stroebe & Schut, 1999, 2010), as loss and rebuilding are deeply inter-connected states. Participants' sense-making of both of these is carried out concurrently, with one informing the other, as they strive to maintain a continuity in the narrative of their lives by connecting the past with their future self (Gergen & Gergen, 1988).

There is also a conflictual struggle or “flux” between the two states of loss and rebuilding (Maitlis, 2009, p. 69). On the one hand, participants wish to hold on to both their pre-liminal sense of self, which relates to their social status as university graduates, and the hope of attaining their original career aspirations; but on the other hand, they also need to determine who they will become now (Haynie & Shepherd, 2011). So the liminal period is characterised by the dynamic process of self-evaluation, where participants' sense of who they were gives way to a sense of who they are becoming (Conroy & O'leary-Kelly, 2014).

Finally, the Reincorporation or post-liminal phase for participants involves a successful identity transition, lest they risk further stagnation and ongoing identity instability (Dutton, Roberts & Bednar, 2010; Ashforth, 2001). To do this, they must disassociate or let go of their old identity, or at least part of it, and create (internalise) an acceptable new identity (Ashforth, 2001; Maitlis, 2009) that provides a satisfactory and coherent sense of self (Ibarra & Barbulescu, 2010).

A successful identity transition may also lead to positive growth (Erikson, 1968, 1980; Levinson, 1978, 1996; Maitlis, 2009), producing a stronger and more authentic sense of self, but also one that is more vulnerable and fragile (Aldwin, 1994; Linley & Joseph, 2004; Tedeschi & Calhoun, 1995). Indeed some participants report that being unemployed with mental health issues has undermined their self-confidence, leaving them feeling insecure, as they have lost their naïve or blind faith in life that gave them the confidence to act without worrying unduly about the future. Instead they consider the world to be a much more unpredictable and threatening place, which leads them to become cautious, guarded and restrained in their approach to new situations, taking care to think very carefully about the potential implications of their actions (see Chapter Seven, Master Theme Two: 7.3. Entrapment).

## **9.4. Section Three: Entrapment, Recovery and Rebuilding**

In this third and final section, I focus on participants' struggle to recover from their mental health issues and rebuild their lives by trying to secure suitable work of some type. Their liminal state, which was described in Section Two of this chapter, leaves them vulnerable and entrapped in a series of “vicious circle[s]”, where they become increasingly entrenched in their mental health-related difficulties and less able to overcome their unemployment. They face numerous barriers to their entry into work and express reservations about coping once they are in work, which feeds into the dilemmatic nature of their decision to enter work. Their continuing entrapment also leaves participants caught up in a recurring cycle of hope and despair, although they are able to utilise different coping strategies to manage the frustration and angst that they feel towards their uncertain circumstances.

### 9.4.1. Recovery

Research into the nature and meaning of recovery from mental health issues tends to focus on more severe types, such as schizophrenia, and so the understanding of the lived experience of recovery for those individuals with common mental health issues is less clear (McEvoy *et al.*, 2012). Recovery assumes different meanings in different contexts (Jacobson & Greenley, 2001) and is often conflated with similar concepts of remission, cure, readjustment, and rehabilitation (Noiseux & Ricard, 2008).

For example, in clinical practice, recovery is often understood mainly in terms of the amelioration of symptoms, as measured on clinical outcome scales (Barkham *et al.*, 2012; Clark *et al.*, 2009), and/or an improvement in functional capabilities (Spaniol, 2002), such as the ability to enter and maintain employment, or a greater sense of social adjustment and well-being (Richards & Borglin, 2011). However, the literature suggests that rather than equate recovery from mental health issues with a cure (Noiseux & Ricard, 2008) or functional improvement (Spaniol, 2002), the lived experience of recovery is actually a highly subjective and personal path or process (Jacobson, 2001; Makin & Gask, 2012; McEvoy *et al.*, 2012).

While each participant conveys his/her own particular set of difficulties, concerns and priorities, they all highlight their understanding of recovery to be an immensely difficult and complex struggle against both their mental health issues and their unemployment. This struggle is fought on a daily basis and is fraught with danger, marked by intermittent bouts of progress, but also regression and relapse. Participants convey a strongly restitutive narrative (Ståhl & Edvardsson Stiwné, 2014), which is associated with continuity and returning to normal by focusing on recovery and getting into work. Thus they all desperately seek to rebuild their mental health, so that they can overcome their unemployment, or to get themselves into a position where they feel a readiness to do so (see Chapter Seven, Master Theme Two: 7.2. Paralysis and Withdrawal; 7.3. Entrapment).

The literature suggests that recovery from mental health issues entails a deep examination of one's sense of self or identity (Jacobson, 2001), including one's skills, roles, and plans for the future (Anthony, 2000; Spaniol *et al.*, 2005); a process that may lead to a transformation of the self (Jacobson, 2001). For example, individuals who have recovered from mental health issues claim to have greater insight and acceptance of themselves, with a new perspective of their former self before recovery, which includes feeling stronger and being better equipped to manage emotions and future hardship (Ridge & Ziebland, 2006; Higginson & Mansell, 2008).

This exploration of self and identity as a key feature in the recovery process from mental health issues forms part of participants' sense-making of their Fall from Grace, which has been discussed in sections one and two of this chapter. I framed this Fall from Grace as a transitional crisis, where participants are caught up in a liminal state, struggling to complete their rite of passage into the world of work and adulthood. Participants' focus here is principally directed towards their unemployment, although they understand their mental health issues to be inextricably connected to their unemployment, and, moreover, that the recovery of their mental health is necessary for them to resolve their unemployment by obtaining work.

For example, participants question the origins and the extent of their responsibility for developing mental health issues, the role that their mental health-related difficulties have played in causing or perpetuating their unemployment, and how their mental health issues have changed their sense of self and affected their capacity to work. Millward, Lutte & Purvis (2005) have found evidence to suggest that those individuals who can extricate their mental health symptoms from their sense of self are more recovery-oriented and hopeful for their future without having it blighted by mental health issues. In a similar vein, participants who feel less responsible for their mental health issues and unemployment seem to exhibit a greater sense of agency over their readjustment process (see Chapter Six, Master Theme One: 6.3. Waste, Failure and Blame).

Indeed how individuals with common mental health issues are able to determine their future and exercise control over their lives is another important aspect of the re-



covery process (Johnson, Gunn & Kokanovic, 2009; Stickley & Wright, 2011a, 2011b; Makin & Gask, 2012). Participants feel a diminished sense of personal control or agency over their lives, which amounts to a psychological paralysis, as they lack a convincing ability to shape their future, due to the volatile and unpredictable nature of their mental health issues (see Chapter Seven, Master Theme Two: 7.2. Paralysis and Withdrawal). According to Fryer's (1986) theory, limitations on agency or 'future orientation' are integral to psychological distress during unemployment. Creed and Klisch (2005) have also found evidence to suggest that personal agency plays a pivotal role in psychological distress during unemployment.

Participants' susceptibility to recurrent bouts of illness also undermines their self-confidence, where the constant fear of destabilising their mental health constrains their future outlook by hindering their ability to make plans, as well as not being able to determine if they will be well enough to work or to hold down a job (see Chapter Seven, Master Theme Two: 7.3. Entrapment; Chapter Eight, Master Theme Three: 8.2. Hope and Despair). Indeed a lack of control over decision-making relating to capacity to work and return-to-work is also associated with increased anxiety and stress (Hillborg, Svensson & Danermark, 2010; Saint-Arnaud, Saint-Jean & Demasse, 2006; Verdonk *et al.*, 2008).

A crucial feature of recovery is recapturing this lost self-confidence and it is often associated with regaining a sense of control (Holmgren & Ivanoff, 2004), which participants liken to a regaining of momentum by making meaningful strides forward with their lives. McEvoy's *et al.* (2012) study of mental health service users with common mental health issues has similarly identified a returned sense of balance and control to be the most salient feature of recovery. This increased service users' confidence to better manage their mood and to feel that they could self-determine their sense of self, social relationships and their working lives.

However, participants consider their recovery and the regaining of momentum to be a slow and gradual process that requires their active participation and hard work. A key feature of this struggle is overcoming their sense of entrapment, which is discussed in more detail below.

### 9.4.2. Entrapment

Participants' sense of entrapment, where they struggle to overcome their circumstances, supports the notion of a bi-directional relationship between their unemployment and mental health issues, which includes both the causation hypothesis – unemployment leading to poor mental health – and the selection hypothesis – poor mental health leading to (or perpetuating) unemployment (Olesen *et al.*, 2013). This is in accordance with Fryer's (1997) and Hammarström and Janlert's (1997) proposals discussed in my review of the literature (see Chapter Two, 2.3.3. The Bi-directional Relationship between Unemployment and Mental Health, p. 19).

The onset of participants' mental health issues pre-dates their unemployment in all but one participant, and my findings indicate that unemployment aggravates and compounds the mental health issues of all participants. This hinders their ability to obtain or maintain subsequent employment, leading them to become entrenched in their mental health-related difficulties and unemployment (see Chapter Seven, Master Theme Two: 7.3. Entrapment).

Based on the cognitive-behavioural model of mental health issues (Beck *et al.*, 1979), unemployment can be a maintaining factor for anxiety and depression. However, my phenomenological approach using IPA has been able to provide a more nuanced account of the circular and self-reinforcing nature of the bi-directional relationship between unemployment and mental health in participants.

For example, participants understand the relationship between unemployment and their mental health issues to be a “vicious circle”, and the intricate nature of the relationship between the two in their experience is a recurrent feature of their accounts. Participants' mental health issues often lead to dysphoric emotions and an altered sense of self (Oatley & Bolton, 1985), which affects how they understand their experience in a manner that is unclear or not immediately recognisable to them. Their response to their unemployment is therefore often bound-up with the symptoms of their mental health issues, and so the demarcation between the two can be subtle and

not always so clear-cut and definitive in their daily lived experience (see Chapter Seven, Master Theme Two: 7.2. Paralysis and Withdrawal; 7.3. Entrapment).

The “vicious circle” of entrapment presents numerous impediments, restrictions and aggravations, which amount to barriers that prevent participants from entering work. These are discussed in more detail in the following section below.

### **9.4.3. Barriers to Work**

Participants face a multitude of barriers to entering work. They accept that some of these are completely outside of their control, such as the weak economic environment and sparse job opportunities, as well as the stigma of mental health issues in an employment context (Allen & Carlson, 2003; Brohan *et al.*, 2014; Crisp *et al.*, 2000; Dewa, 2014; Irvine, 2011; Jacobson, 2014; Williams & Healy, 2001; Wright, Jorm & Mackinnon, 2011), which was discussed in Section Two of this chapter (see 9.3.4. Identity and Stigma, p. 243).

Other barriers to participants' entry into work comprise a closely entwined interplay between their unemployment and their mental health issues. Their unemployment encourages the formation of “vicious circle[s]”, where they are vulnerable to become increasingly entrenched or entrapped in their mental health-related difficulties and less able to overcome their unemployment. This interplay between the two is discussed in the context of Jahoda's (1981, 1982) functional theory of unemployment below.

#### **9.4.3.1. Barriers to Work and Jahoda's Theory of Unemployment**

Some of the barriers to participants' entry into work are included in Jahoda's (1981, 1982) functional theory of the psycho-social impact of unemployment. This contends that unemployment excludes an individual from the social institution of employment that meets fundamental needs necessary for psychological well-being.

Employment is therefore beneficial to mental health by serving the 'manifest' function of providing a means to earn a living through pecuniary income and access to material resources; and 'latent' functions, which provide: (1) a time structure to the day; (2) shared experiences and access to social networks and support outside of the family; (3) goals and purposes that transcend personal horizons; (4) a sense of status and identity; and (5) regular activity.

The absence of all six of these functions that are important psycho-social determinants of well-being has a strongly deleterious impact on participants' sense of self. For example, the alienating impact of participants' "void" of identity and sense of being without a purpose or meaning to life have already been discussed in relation to their liminal state in Section Two of this chapter. The absence of the remaining four functions of employment act as barriers to participants' capacity to enter work, by triggering a series of "vicious circle[s]", which I consider in more detail below.

#### **9.4.3.2. Financial Insecurity**

The provision and stability of one's material circumstances (e.g., housing and income) constitute external conditions that are a necessary basis upon which to recover from mental health issues (Anthony, Rogers & Farkas, 2003). However, participants inability to earn a living through pecuniary income, their difficulties securing social benefits and the uncertainty of their living arrangements mean that they are dependent on others, especially their parents. Their worries surrounding their dire and uncertain material circumstances only serve to exacerbate their mental health issues and prevent them from focusing on getting better (see Chapter Seven, Master Theme Two: 7.3. Entrapment).

#### **9.4.3.3. Time Structure and Inactivity**

Jahoda's (1981, 1982) categories of time structure and regular activity draw together participants' cognitions around structure, activity and routine. Unemployment affords participants plentiful spare time, which they spend mostly indoors, often alone, as their days comprise little activity and are devoid of any routine or structure.

These findings support Feather & Bond's (1983) study that also demonstrated how unemployed graduates had more mental health issues and were less organised and purposeful with their time than employed graduates.

Participants therefore have an enormously empty hole or “void” in their lives that is potentially counter-productive to their recovery, as they are without any purposeful activity, which is conducive to better well-being during unemployment (Paugam & Russell, 2000). They are therefore free to become preoccupied with, perhaps even indulge in, their mental health-related concerns to the point where they become more deeply entrenched in these difficulties (see Chapter Seven, Master Theme Two: 7.3. Entrapment).

#### **9.4.3.4. Social Withdrawal**

Participants' mild detachment or double alienation, where they have been involuntarily excluded from society by their unemployment and become withdrawn in themselves due to their mental health issues, leaves them feeling estranged, isolated and alone. Lower levels of perceived social support are associated with decreased levels of well-being and a reduced capacity to deal with unemployment (Bolton & Oatley, 1987; Kasl & Cobb, 1979).

Moreover, participants' tendency to ruminate on their unemployment (discussed in Section Two of this chapter; see 9.3.2.2. Injustice and Rumination, p. 238), which may or may not be related to their mental health issues, is also troublesome for them. For example, rumination interferes with their problem solving capacity and hinders more instrumental action, thereby increasing their inactivity and social withdrawal (Nolen-Hoeksema, 2001; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008). This form of social entrapment therefore impedes their development of social connections or interpersonal relations, which is also an integral part of recovery from mental health issues (Jacobson, 2001).

#### **9.4.4. Entrapment and the Decision to Enter Work**

The sickness absence and return-to-work literature, discussed in the qualitative literature review (see chapter three, section 3.4., pp.50-61) demonstrates that one of the most significant impediments to work for people with common mental health issues is their difficulty in estimating their ability and readiness to return-to-work. This research has highlighted the uncertainty and ambiguity surrounding this decision-making process for people, which is complicated by the state of their symptoms and how well they should feel, doubts relating to their ability to cope with a work role or not, and the fear of a misjudged and premature return-to-work that exacerbates their mental health (Cowls & Galloway, 2009; Hillborg, Svensson & Danermark, 2010; Holmgren & Ivanoff, 2004; Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006; Verdonk *et al.*, 2008).

This thesis builds on this literature by examining how these issues are understood and managed in a university educated sample of recent graduates in their twenties, who are yet to start their careers. More specifically, there are key insights into how these graduates tackle the uncertainty and ambiguity of their circumstances, including how they prepare for work/employment, and how they judge their capability and readiness to enter work/employment.

Participants characterise this nebulous state as “shades of grey”, which relates to their sense of feeling well enough to work, but still being poorly. Moreover, their sense of vulnerability, due to the volatility and unpredictability of their mental health issues, as well as their fear of jeopardising these, means that they are unsure about how to go about entering work/employment. There is a seemingly impossible conundrum to participants' plight, as their sense of entrapment prevents them from entering work, and yet they consider work to be integral to their recovery, rather than a sign that is indicative of their recovery. Indeed existing research evidence suggests that the majority of individuals with mental health issues would like to be able to work (Grove, Secker & Seebom, 2005) and consider it to be central to their recovery (Krupa, 2004; Provencher *et al.*, 2002).

These concerns feed into the dilemmatic nature of participants' decision to enter work. On the one hand, they are desperate to work, although they worry about returning to work too soon and destabilising their mental health; however, on the other hand, participants highlights the constraints within which their decision is framed, as they recognise that any improvement in their mental health may only be temporary.

Given this dilemma, they therefore feel a strong pressure to find work during their spells of better mental health, lest they remain trapped in the “vicious circle” of their unemployment and mental health issues (see Chapter Seven, Master Theme Two: 7.3. Entrapment). Participants' continuing entrapment is a significant issue because research evidence suggests that the likelihood of a return-to-work for people with mental health issues diminishes as the length of their unemployment increases (Blank *et al.*, 2008; DWP & DoH, 2009).

Participants' principal means of tackling these dilemmatic issues is by formulating career plans, which serve to reduce the pressure and uncertainty of their decision to enter work/employment, as well as allay their guilt for being unemployed and not working or being productive. Crucially, these career plans enable participants to create a feasible pathway leading to full-time work/employment that is more in line with their original hopes and expectations.

To do this, they engage in an honest and realistic in-depth appraisal of their capabilities, limitations and the type of work that they feel they could manage. They exercise great caution throughout this process – not wishing to further jeopardise their mental health by a hasty and premature entrance into work – by taking care to weigh-up the risks and benefits to themselves, while they consider the practical steps necessary to obtain their objectives (see Chapter Seven, Master Theme Two: 7.3. Entrapment; Chapter Eight, Master Theme Three: 8.3. Regression and Dependency). In this manner, these career plans help participants manage the ongoing tension between their desire to get back to normal (i.e., to pursue their original career aspirations) and the demands of negotiating their present circumstances (Ståhl & Edvardsson Stiwné, 2014).

An integral part of this process is how participants connect their sense of readiness for work to their perceived capacity to carry out different types of jobs/work, thereby endeavouring to find a satisfactory match between their mental health and type of job/work that they wish to pursue. The paramount concern of safeguarding their mental health means that these graduates are therefore prepared to trade off status considerations relating to their original occupational/career values, interests, expectations and ambitions, against anticipated incremental gains in their mental health, which is their overriding priority at the present time. However, this trade-off is not without some cost. Not only do participants have difficulty in reconciling their work/employment options with their original career ambitions and expectations, but they also fear that their job choices, while accruing short-term gains in mental health, might undermine their career aspirations in the long-term.

These methods, described above, demonstrate how participants' preparation and self-assessment of their capability and readiness to enter work/employment is deeply interconnected with their recovery process. They therefore constitute a constructive and gradualist approach to both recovery and entry into work, which is congruent with other research that suggests people with common mental health issues tend to desire a progressive or gradual return-to-work (Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006). Most importantly, however, is that this approach helps participants in their ongoing struggle to overcome their sense of entrapment by regaining a sense of balance and personal control over their lives, as well as self-confidence, which are strongly associated with recovery and return-to-work (Hillborg, Svensson & Danermark, 2010; Holmgren & Ivanoff, 2004; Millward, Lutte & Purvis, 2005; Noordik *et al.*, 2011).

#### **9.4.5. Entry into Work and Workplace Accommodation / Adjustments**

On top of participants' concerns surrounding their entry into work, they also express reservations about coping once they are in work (see Chapter Seven, Master Theme Two: 7.3. Entrapment). Their main concerns lay in the degree of support (i.e., work-



place accommodation/adjustments) that is available to them once they are in work. Workplace accommodation and adjustments are seen as an important part of the return-to-work process for those individuals with common mental health issues, and are associated with an increased likelihood of a return-to-work (Cowls & Galloway, 2009; Hillborg, Svensson & Danermark, 2010; Noordik *et al.*, 2011).

However, participants share a more generally held low expectation that employers will make the necessary changes to the workplace and/or their job-roles (Holmgren & Ivanoff, 2004; Saint-Arnaud, Saint-Jean & Demasse, 2006; Verdonk *et al.*, 2008). They therefore experience a high degree of angst surrounding the uncertainty of their entry into their chosen type of work. They hold a number of fears, some of which have also been documented in existing research, and amount to a concern with whether they would be able to cope with a full-time work role or not (Bertilsson *et al.*, 2013; Cowls & Galloway, 2009; Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006; Verdonk *et al.*, 2008).

For example, participants' fear of failing at work is just as hard for them to contemplate as a deterioration in their mental health, which, once again, suggests that self-belief and confidence is crucial to a successful entry into work (Secker *et al.*, 2003). More specifically, they fear that they would struggle to meet the work demands of fixed work times and schedules, and they wish to have a degree of control and flexibility over certain aspects of their work environment relevant to their needs. Given these concerns, participants want a gradual entry into work, which is a generally expressed desire by people with common mental health issues (Cowls & Galloway, 2009; Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006; Verdonk *et al.*, 2008).

My findings tie in well with McDowell and Fossey's (2015) review of literature on workplace accommodations for people with mental health issues. These researchers found that the most commonly reported work-related accommodations were flexible schedules/reduced work hours, modified training and supervision, and modified job duties. Above all, however, participants express their wish for understanding in the workplace, especially from employers. Indeed people who experience a lack of

social support, sympathy and understanding of their mental-health-related difficulties from employers and co-workers when returning to work, including during the implementation of workplace accommodation/adjustments, are less successful in their return-to-work (Cornelius *et al.*, 2011; Holmgren & Ivanoff, 2004; Noordik *et al.*, 2011; Saint-Arnaud, Saint-Jean & Demasse, 2006; Verdonk *et al.*, 2008).

#### **9.4.6. Entrapment and the Cycle of Hope and Despair**

The barriers and concerns surrounding participants' entry into work, which I described above, compound their entrapment. They agonise over the prospect of remaining unemployed for the indefinite future and are desperate to get this stage of their lives over with and behind them. They constantly struggle against this uncertainty and therefore experience a strong sense of existential angst. On the one hand, they maintain the hope of overcoming their circumstances, but on the other hand, they also face the despair of not knowing when salvation will appear and the prospect of remaining forever lost or trapped in this present stage of their lives (see Chapter Eight, Master Theme Three: 8.2. Hope and Despair).

Participants' feelings of hope and despair often revolve around their job searches. These bring reason for optimism, such as the breakthrough of an interview, but also pessimism, despair and sometimes resignation, when their attempts end in failure and rejection. The cumulative impact of voluminous job rejections slowly erodes participants' morale and self-confidence, which diminishes their motivation to continue to make the considerable effort (because of their mental health issues) to engage in a job search and make job applications.

Indeed a similar psychological response is theorised to occur in 'stage' models of the job loss-unemployment process, which were discussed in Section Two of this chapter (see 9.3.2. Liminal Phase, p. 236). These models typically describe a phase of optimism, where there is a concerted effort to find work; however, when all efforts fail, this motivated state gives way to pessimism and despair, which leads to a withdrawal response of resignation, apathy and fatalism (Amundson & Borgen,

1982; Borgen & Amundson, 1987; Eisenberg & Lazarsfeld, 1938; Jahoda, Lazarsfeld & Zeisel, 1971/1933; Kelvin & Jarrett, 1985; Zawadzki & Lazarsfeld, 1935). Indeed this process might be part of Borgen, Hatch & Amundson's (1990) notion of the 'downward trend' period for unemployed university graduates, which commences around the three-and-a-half months mark, and is associated with feelings of self-doubt, guilt, stagnation, boredom and a pessimistic outlook for the future.

A defining feature of hope is its positive and optimistic future-orientation, which entails the belief in one's capacity to bring about that which is hoped to see realised. Hope is linked to better psychological health (Cramer & Dyrkacz, 1998; Snyder, 1996), as well as an improved adjustment to a range of illnesses (Affleck & Tennen, 1996; Elliott *et al.*, 1991; Jackson *et al.*, 1998; Tennen & Affleck, 1999) and enhanced life satisfaction (Chang, 1998; O'Sullivan, 2011).

However, the act of hoping entails the risk of disappointment, if what is hoped for cannot be attained, which often results in hopelessness and despair (O'Hara, 2011). Hayes (2006), for example, makes use of Kierkegaard's notion of despair being the product of an imbalance between life's possibilities and limitations or one's imagination and reality. Despair is therefore necessary and must be embraced in order to re-establish faith in the capacity to determine one's life (Hayes, 2006). From this perspective, hope and despair should not be viewed as opposing states of mind, but can be better understood as a mutually interconnected relationship, where one supports the other (Flaskas, 2007).

While unchecked despair can overwhelm and be destructive – as in participants' tendency to ruminate and become mired with feelings of resignation and self-pity, which can increase feelings of hopelessness (Nolen-Hoeksema, 2001; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008) – it can also be used constructively to rebuild. Despair has the potential to remove the veil of false hope (Palmer, 2000) by dispelling unrealistic beliefs and expectations. It can therefore “introduce us to ourselves” (O'Hara, 2011, p. 326) by taking people to the deepest depths of themselves and reveal aspects of their characters hitherto unknown.

In this view, participants' original post-graduation beliefs and expectations relating to their careers represented a false hope or an unrealistic, perhaps idealised, vision of the future that had little basis in reality. They have therefore overestimated their possibilities and capabilities at the expense of the limitations of their mental health and economic reality. Their despair therefore provides an opportunity for an open and robust examination of themselves – their deficiencies and unrealistic conceptions of self – as well as their values, meanings and goals in life.

Participants' feelings of regret, guilt, blame, grief, hopelessness and sorrow are part of this hope-despair reassessment process (O'Hara, 2011), as they reflect on their disappointment, frustration and failure. This self-examination and its associated negative emotions are also inextricably bound-up with participants' mental health issues (Oatley & Bolton, 1985), which affect their mood and understanding of their experience. For example, participants' mental health issues play a significant role in shaping their feelings of responsibility for their unemployment. They consider themselves to be unemployed and unable to pursue their career of choice wholly, or in part, because of their mental health, which leads them to be critical of their historical management of these issues (see Chapter Six, Master Theme One: 6.3. Waste, Failure and Blame).

Their task is to come to terms with themselves and their circumstances, as they endeavour to find a balance between possibilities and limitations, upon which to establish a new and realistic hope or Dream (Levinson *et al.*, 1976), based on an attainable goal with clearly laid out steps to bring about its realisation (O'Hara, 2011). Participants' formulation of career plans seem to be the primary means by which they tackle this task. These plans enable participants to establish a new sense of balance by appraising their capabilities and limitations in view of the type of work that they wish to pursue, and to map out a realistic step-by-step plan to attain their goals (see Chapter Seven, Master Theme Two: 7.3. Entrapment; Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

### 9.4.7. Coping Strategies

Despite research evidence suggesting that well-educated or highly qualified individuals actively cope well with unemployment (Fryer & Payne, 1986; Hartley, 1980; Hepworth, 1980), participants in the present study exhibit great difficulty with adjusting to their circumstances, although this can be mostly attributed to their mental health issues. Moreover, their status as recent university graduates, who have not experienced a significant job loss, who are yet to develop an occupational identity, and who have recently experienced extended leisure time as students, also does not seem to help to mitigate or buffer the negative impact of unemployment on their psychological health, as proposed by some researchers (Hayes & Nutman, 1981).

My findings clearly demonstrate the devastating and deleterious impact that unemployment has on this group of graduates with common mental health issues. This is in line with studies by Cassidy and Wright (2008) and Feather and Bond (1983), who have also provided evidence for the damaging psycho-social impact of unemployment on university graduates. My findings also suggest that graduating into unemployment leads to many of the negative psycho-social effects that are often observed in the empirical literature on job loss-related unemployment (e.g., loss of meaning and purpose, low self-worth and self-esteem, poor time structure and social isolation (Björklund *et al.*, 2015; Björklund & Eriksson, 1998; Cohn, 1978; Creed, Lehmann & Hood, 2009; Feather & Barber, 1983; Tiggemann & Winefield, 1984; Waddell & Burton, 2006; Warr, Jackson & Banks, 1982)).

However, participants do exhibit a number of coping strategies that help them to deal with the negative psych-social effects of their unemployment, as well as the continuing uncertainty, frustration and angst that they feel towards their circumstances. Folkman and Lazarus (1980) have distinguished between problem-focused and emotion-focused coping strategies: problem-focused strategies represent an attempt to directly manage or overcome the problem (e.g., planning, seeking instrumental support); whereas emotion-focused coping relates to managing the emotions that stem from the problem, and amounts to a means to avoid dealing with it (e.g., acceptance, denial, disengagement).

Research suggests that unemployed individuals usually display both types of strategy to different extents (Albion, Fernie & Burton, 2005; Caska, 1998; Kinicki, Prussia & McKee-Ryan, 2000). However, those individuals with poorer mental health tend to use more emotion-focused coping strategies in contrast to those with better mental health, who tend to use more problem-focused strategies (Taylor & Stanton, 2007). Participants in the present study seem to make use of both problem-focused and emotion-focused coping strategies, which I describe in more detail below.

#### **9.4.7.1. Problem-focused Coping**

Participants' career plans and setting of goals and deadlines represent problem-focused coping, as they attempt to actively get themselves into work, while also recovering their mental health. While some participants are defiant and maintain their original career intentions, believing that they will still go on to achieve these, albeit belatedly; others engage head-on with their problem by revising their career-related hopes and expectations. They modify their career aspirations to better accommodate their mental health issues, which in most cases, have to be radically revised downwards from their lofty ambitions (see Chapter Seven, Master Theme Two: 7.3. Entrapment; Chapter Eight, Master Theme Three: 8.2. Hope and Despair).

These problem-focused coping strategies help to give participants a sense of control over their destiny, which is something that they lack because of their mental health issues. In this manner, participants' use of problem-focused strategies are more positive and constructive than emotion-focused strategies. These strategies therefore seem to be much more effective in helping to alleviate some of the uncertainty and angst that participants feel towards their circumstances, as well as allaying their guilt for being unemployed.

Indeed research evidence supports the view that problem-focused coping strategies are more conducive to reducing the negative impact of unemployment (Turner, Kessler & House, 1991). These strategies are also associated with an increased likelihood of entering employment in comparison with emotion-focused coping

strategies (Hanisch, 1999; Leana & Feldman, 1995; McKee-Ryan *et al.*, 2005; Waters & Moore, 2002).

#### **9.4.7.2. Emotion-focused Coping**

Participants' emotion-focused strategies are less constructive than problem-focused strategies, although they do help participants to cope with their circumstances by serving to distance them from their unemployment, albeit temporarily (Folkman & Lazarus, 1980). These strategies involve participants' avoidance or denial of their social role as unemployed with mental health issues.

For example, participants intermittently disengage from job search-related activities altogether, often mirroring themselves with feelings of resignation and self-pity (see Chapter Eight, Master Theme Three: 8.2. Hope and Despair). They also sometimes demonstrate a tendency to escape from the reality of their circumstances by entertaining an optimistic and romanticised vision of their lives in the future, where they are happy and peacefully content. In this vision, they have attained adulthood, as they have a job and a house, and they consider this to be attractive because of the security and stability that it seems to promise them (Arnett, 2007). They therefore draw some comfort from this vision and it seems to help to motivate them through this difficult period in their lives (see Chapter Eight, Master Theme Three: 8.3. Regression and Dependency).

A further, but more contentious, example of emotion-focused coping is participants' tendency to ruminate over their circumstances, which I discussed in Section Two of this chapter (see 9.3.2.2. Injustice and Rumination, p. 238). However, it is debated whether rumination constitutes an act of confrontation with negative events, emotions and memories (Nolen-Hoeksema, 2001; Nolen-Hoeksema & Larson, 1999) (i.e., a problem-focused coping strategy), or is a form of avoidance and denial of these (Eisma *et al.*, 2013; Nolen-Hoeksema, Wisco & Lyubomirsky, 2008; Stroebe *et al.*, 2007) (i.e., an emotion-focused coping strategy).

## **9.5. Section Four: Concluding Summary, Practical Implications and Suggestions for Further Research**

### **9.5.1. Concluding Summary**

In the preceding three sections, I have explored my findings in relation to psychological theory and research, which involved a bi-directional consideration of how my themes inform and were informed by this literature. My findings raised a diverse, but interrelated set of issues that could be explored further in relation to a range of theoretical perspectives, which included life-course development and crises, status passages and identity development.

My findings strongly suggest that graduating into unemployment had a devastating and deleterious impact on this group of university graduates, which led to many of the negative psycho-social effects that are often observed in the empirical literature on job loss-related unemployment.

Participants experienced their unemployment as a Fall from Grace, which constituted a developmental-existential life-crisis, where they were left suspended in a nebulous state and unable to complete their rite of passage into social adulthood. This crisis was embedded in a broader structural life-transition from university student to the adult world of work, which left them in a liminal state, straddling adolescence and young adulthood.

Participants' difficulty in completing this transition predominantly accounted for the negative psycho-social impact of unemployment on their sense of self and identity. Their Fall from Grace represented the loss of their pre-liminal self and the high social status of being university graduates, along with their corresponding pre-graduation expectations and world-view. Their social status as unemployed, which undermined their sense of adult maturity and was incongruent with their proud



identity as university graduates, represented a discrepancy in their self-identity and social identity formation that they needed to resolve.

They exhibited a multifaceted emotional response indicative of this loss, which comprised of shock and disorientation, injustice and rumination, and a sense of grief or mourning. This loss therefore created the need for participants to establish a new sense of self and identity through a gradual process of rebuilding their mental health and their lives.

However, the negative impact of participants' unemployment only served to compound, and be compounded by, their mental health issues, which exacerbated their plight. The interplay between these encouraged the formation of “vicious circle[s]”, where participants became increasingly entrenched in their mental health-related difficulties and less able to overcome their unemployment.

This entrapment hindered participants' process of recovery from their mental health issues and posed numerous barriers to their entry into work. This liminal period of entrapment was therefore marked by a strong sense of uncertainty and ambiguity, which also left them caught up in a recurring cycle of hope and despair towards their circumstances. They were confident of eventually resolving their mental health-related difficulties and obtaining work, but yet they feared that they would forever remain entrapped and unable to make progress with their lives. This ambivalence was often most keenly felt when participants compared their circumstances to their friends, who had been more successful, leaving them feeling left behind and missing out on life. However, participants were able to utilise both problem-focused and emotion-focused coping strategies to manage the frustration and angst that they felt towards their uncertain circumstances.

Part of participants' angst related to their reservations about coping once they were in work. They were desperate to work and considered it to be integral to their continued recovery; however, they feared that it might exacerbate their mental health, if they lacked the control and flexibility over certain aspects of their work environment, relevant to their needs. Furthermore, participants also highlighted the import-

ance of embracing any opportunities to work when they felt well enough, lest they risked a deterioration in their mental health by remaining unemployed.

### **9.5.2. Practical Implications**

The idiographic and subjective nature of my study, which prioritises the uniqueness of the individual experience of a few purposively selected graduates in their own context, clearly circumscribes the ability to make generalised statements about the practical implications of my work (Malim *et al.*, 1992; Smith, Flowers & Larkin, 2009). However, the connections that I have made between participants' experience and extant theory and research enable tentative claims to be cautiously put forward in this direction. My research raises some important 'real world' implications for the policy and practice of universities, careers advisers and mental health professionals, as well as suggestions that may be of assistance to university students and unemployed graduates with common mental health issues to better enable them to enter work.

First of all, my research highlights the need for universities to place a stronger focus on the transition to employment after university for these graduates. Despite the rhetoric and romanticised notions of high-flying careers after university, and amidst the jubilant celebrations upon graduation, there is the more sobering reality of entering the 'real world', and this transition is not always so smooth for graduates with common mental health issues. There is a need for greater awareness by those students who are preparing to leave university, as well as those supporting them, that the transition into employment is a turbulent and potentially dangerous time with numerous pitfalls for graduates with common mental health issues.

For example, there does seem to be a need to better manage students' expectations of work and employment post-university, which might be unrealistically high among some students. Indeed, participants' hopes and expectations for their lives post-university were mostly based on the assumption that they will obtain suitable jobs almost immediately after university, which was unfortunately not the case.

Indeed there is considerable provision of resources and support close at hand for students whilst they are at university (e.g., health services, counselling, employment/careers services, peer support groups), although these are somewhat wasted if students end up unemployed and unable to pursue the career for which they have been prepared. The positive changes that have increased opportunities and removed barriers to accessing Higher Education in recent years are also curtailed in their aim of helping young people to realise their career ambitions without a strong focus on the transition to employment after university.

For example, a recent survey undertaken by HESA (2011) found that a fifth (21.5 percent) of recent graduates did not think that university had sufficiently prepared them for a career; whereas 6.4 percent felt that it had not prepared them at all for the task of leaving university. My findings suggest that universities have a vital role to play in helping prospective graduates with common mental health issues to prepare for periods of extended unemployment, a prolonged job search and a series of survival-type jobs.

There needs to be a greater awareness, and vigilance, among those students (in their early twenties) with common mental health issues who are preparing to leave university, as well as university tutors, careers advisers, mental health professionals, and parents that unemployment for graduates is more significant than just trying to find a job: it constitutes a major developmental transition in their lives and socialisation, which is viewed as an important rite of passage. During this time, graduates full entry into young adulthood is being delayed, and there is a risk that these circumstances may trigger a deeper personal and existential crisis, which has implications for their sense of self and identity.

Universities could, for example, provide some (voluntary) workshops or seminars for final year students to help them prepare for life after university. An important part of this initiative would be to encourage former graduates, who have struggled and successfully overcome unemployment and mental health issues, to stay in touch with their university, so that a system of prospective buddying or mentoring could be established. These graduates could provide examples of their experiences (positive

and negative), including the sources of support and means of coping that they had found helpful/unhelpful in maintaining a positive outlook. These workshops could also help to prepare students for a potential revision of their career aspirations, which in some cases, may have to be revised downwards from their original lofty ambitions once they have graduated.

Therapists and other mental health professionals should also be aware that graduates with common mental health issues might be undergoing a multifaceted negative psychological response to their unemployment. This includes shock and disorientation, a sense of injustice and rumination over their loss, as well as a recurring hope and despair cycle in relation to their circumstances. They may also exhibit a grief or mourning response, which along with the rumination, may or may not be connected to their mental health issues, and are part of the process of adjustment to their circumstances.

There is the ever-present danger that graduates' unemployment turns into longer-term unemployment, which might occur if they become entrapped by their circumstances. Graduates' unemployment may aggravate and compound their mental health issues, which hinders their ability to obtain or maintain subsequent employment, leading them to become entrenched in their mental health-related difficulties and unemployment. Graduates, perhaps with the assistance of a therapist, should therefore focus their attention on the potentially insidious interplay between their unemployment and mental health issues, and consider techniques and strategies to try to avoid or overcome any barriers to entering work. My findings suggest that financial insecurity, absence of time structure, inactivity and social withdrawal are particularly deleterious and likely to lead to entrapment.

Participants' experience suggests that recovery from common mental health issues is an immensely difficult and complex struggle, which is fraught with danger and marked by intermittent bouts of progress, but also regression and relapse. They strongly associated recovery with an increased sense of personal control or agency over their lives, and an ability to shape their future, which is tantamount to a regaining of momentum by making meaningful strides forward in life. It would therefore

seem appropriate for mental health professionals to help students/graduates with common mental health issues to identify and pursue their objectives in order to engender a sense of control that they desire.

Indeed my findings suggest that the use of both problem-focused and emotion-focused coping strategies might help these graduates to deal with the continuing uncertainty, frustration and angst of their circumstances. The formulation of career plans seems to be a particularly effective problem-focused strategy, which helped participants regain some control over their lives.

The issue of control is also especially important for participants' preparedness to enter work. They are desperate to work, and importantly, view it to be integral to their continued recovery. However, they fear work will exacerbate their mental health, if they lack the control and flexibility over certain aspects of their work environment, relevant to their needs. Furthermore, participants also highlight the importance of embracing the occasion when they do feel well enough to work.

Employers, careers advisers, work/unemployment services and mental health professionals should therefore recognise these concerns and provide assistance where they can. This entails helping graduates to overcome the numerous barriers, restrictions and aggravations that prevent them from obtaining the right sort of work at a time that coincides with an improvement in their mental health, lest they risk a deterioration in their mental health by remaining unemployed.

### **9.5.3. Suggestions for Further Research**

My research has provided an insightful entrée into the world of unemployed university graduates with common mental health issues. By placing participants' experience in a broader theoretical context, this thesis provides a sound basis for further qualitative research to build on, and develop, the scope of my findings, by pursuing a deeper theoretical understanding of the phenomenon.

It seems logical to suggest extending the scope of the present research by conducting a follow-up study using a longitudinal design. Indeed the strongly temporal nature to participants' experience, as both their unemployment and mental health issues are ongoing and changeable phenomena, means that a longitudinal design would help to address these issues by providing a more complete account of participants' experience over a period of time (Snelgrove, 2014).

This could be accomplished by conducting a series of interviews at specified intervals, perhaps every three months. The additional use of other modes of data-collection, such as a personal diary, would also help to increase the sensitivity of the research by detecting any changes in participants' responses over time, as their mental health fluctuated and the duration of their unemployment increased. Such an approach might be able to identify those graduates who are at risk of longer-term unemployment and potentially not working at all, including the reasons for this poor outlook.

My findings raise a diverse, but interrelated set of issues in relation to life-course transitions and crisis, status passages, identity development, recovery and coping that are replete with overlapping and interconnected notions of change and identity, where there is the need for adjustment and adaptation to new circumstances. These notions should be explored further using a more deductive or theoretically guided qualitative design, which would provide a more clearly-defined and purposeful focus, whilst still permitting an open and inductive exploration of these issues.

The ongoing interplay between graduates' unemployment and their mental health issues, and how this leads to their entrapment, seems to be the most salient and important issue for the attention of future empirical research. My research has identified some of these “vicious circle[s]” that act as barriers to graduates' entry into work, however, further work should focus on identifying other important cycles. For example, this work could extend my analysis by delineating graduates' meanings in relation to the circular and self-reinforcing nature of these “circles/cycles”, perhaps establishing if they are cumulative (i.e., difficulties get bigger over time) or multiplicative (i.e., difficulties increase in number).

A longer-term aim would be to work towards the elucidation of the important properties of the interrelated nature of unemployment and common mental health issues, as they unfold in lived experience over time. These could then perhaps be operationalised into measurable variables and examined using a quantitative design. Indeed a clearer understanding of the nature of the relationship between unemployment and mental health is a matter of interest beyond academic researchers; it will also have real-world implications for the policy and practice among a range of practitioners and policy-makers in the fields of employment and mental health, who have a vested interest in helping university graduates with common mental health issues to succeed in the workplace.

## **9.6. Chapter Summary**

In this chapter, I have provided a discussion of my findings by situating these within the relevant academic literature. The connections that I have made between my findings and extant theory and research have helped to develop a deeper understanding of the nature of participants' experience. This has led to some insightful and important practical implications of my work, as well as providing a sound basis for my suggestions for further qualitative research to build on, and develop, the theoretical scope of my findings. In the next chapter, I go on to reflect on the research process I have undertaken in this thesis by considering the value of my work as a whole.

## **10. Chapter Ten: Issues Concerning Quality and Validity**

### **10.1. Introduction**

In this chapter, I provide a formal assessment of the quality and validity of my research. How well my research has been carried out and the validity or 'truth' of my findings are important considerations for assessing the scientific standing of my work. To do this, I provide an overview of the debate relating to the scientificity of qualitative research and how to determine its quality and validity.

My research is based on a different set of values, epistemological assumptions and objectives than the dominant positivist paradigm, and I contend that assessing the validity of my research by positivist standards is both misguided and inappropriate, which would elicit erroneous conclusions about its value. I therefore provide an explicit account of my approach to judging the quality of my research and why confidence may be placed in the scientificity, or the rigour and trustworthiness, of my work. I make use of two sets of evaluative guidelines to structure my assessment, which permit the strengths and limitations of my research to be clearly set out in a systematic and transparent manner.

### **10.2. Determining Quality and Validity in Qualitative Research**

There is an ongoing debate about how to determine the quality and validity of qualitative research, and if it is possible for such judgements to be reliably made (Creswell & Miller, 2000; Davies & Dodd, 2002; Stenbacka, 2001). I have touched upon this matter earlier in this thesis, where I discuss my selection of a suitable quality assessment tool to guide my evaluation of the qualitative literature (see Chapter Three, 3.3. Quality Assessment of Selected Studies, p. 45).



As I described, the debate revolves around the scientific status of qualitative research and if it is dependent on meeting evaluative criteria, as they are understood and applied in the positivist tradition (Guba & Lincoln, 1994; Lincoln & Guba, 1985; Stenbacka, 2001). The key scientific concepts of objectivity, reliability, validity and generalisability, as understood in the positivist tradition, are clearly understood to be important; however, there is less agreement and understanding about the relevance, applicability and importance of these concepts to qualitative research (Madill, Jordan & Shirley, 2000; Stenbacka, 2001; Yardley, 2008). Moreover, the development of constructivist and relativist viewpoints have cast doubt, to varying degrees, over the extent to which qualitative research can be judged by positivist evaluative criteria, no matter how generic or broadly framed (Madill, Jordan & Shirley, 2000).

An alternative position to those outlined above suggests that qualitative research should tailor its own evaluative criteria to accommodate its different aims, assumptions and methods (Polkinghorne, 1983). For example, Ballinger (2004, 2006) has recognised the need to link the choice of evaluative criteria to epistemology, where assumptions about the nature of knowledge should determine the criteria by which the quality and validity of the work is assessed. I adopt this viewpoint in this thesis, and in the next section I describe how quality and validity are constituted by IPA, based on its middle-ground epistemological position, which I have described in my methodological approach (see Chapter Four, 4.3. Section Two: Epistemological Issues, p. 75).

### **10.3. Quality and Validity in IPA Research**

My choice of a phenomenological methodological approach using IPA means that I have adopted a middle-ground epistemology, which straddles the realist (positivist) and constructivist (interpretivist) divide. IPA shares the realist (positivist) approach by contending that the researcher-participant relationship is rooted in a single reality shared by both, but also recognises that the knowledge-building process depends on a multiplicity of interpretative, contextual and socio-political influences (Smith,

Flowers & Larkin, 2009) (see Chapter Four; 4.3. Section Two: Epistemological Issues, p. 75).

This middle-ground epistemological position means that IPA accepts the importance of the positivist methodological belief in rigour and transparency, but it also recognises the interpretivist leaning towards embracing multiple understandings and perspectives in the pursuit of approaching a commonly-shared reality (Smith, Flowers & Larkin, 2009). In this sense, the concepts of objectivity and truth are replaced with the less absolutist notions of inter-subjectivity and viability (Bhaskar, 1998).

This conception of what constitutes quality or scientificity in IPA research therefore provides the basis on which to assess my own research. To guide and structure my evaluative process, I made use of qualitative evaluation guidelines that were consistent with my epistemological approach, and I describe these in the next section below.

#### **10.4. Choice of Evaluative Criteria**

Despite the difference of opinion in how to determine quality in qualitative research, it is generally accepted among qualitative researchers that it is helpful to establish standard, or commonly agreed principles and criteria, by which the quality of their work can be assessed (Guba & Lincoln, 1994; Healy & Perry, 2000; Smith, 2011; Yardley, 2008). This is important not only for the credibility and scientificity of the qualitative endeavour, but also to provide an indication of good or bad qualitative research (Yardley, 2008).

There is a choice of extant evaluative criteria applicable to qualitative psychology (e.g., Elliott, Fischer & Rennie, 1999; Henwood & Pidgeon, 1992; Stiles, 1993; Yardley, 2000, 2008). I selected Yardley's (2000, 2008) generic evaluative guidelines, as they were consistent with my epistemological position, and are broad and flexible enough to provide a useful framework for thinking about the quality of IPA studies (Smith, Flowers & Larkin, 2009).

For example, Yardley's (2000, 2008) guidelines recognise the importance of both positivist conceptions of quality (e.g., rigour and transparency), as well as interpretivist ideas (e.g., credibility, resonance and impact on the reader). The flexibility of these criteria therefore enabled my quality assessment to demonstrate how my work met the standards of quality and validity that are relevant to my methodological approach using IPA.

However, Smith (2011) has cautioned that the applicability of Yardley's (2000, 2008) criteria to IPA studies is circumscribed by its aim of providing a framework for qualitative methodology in general. In response to these concerns, Smith (2011) provided his own formulation of guidelines that constituted quality specific to the outcome of IPA research, which are based on a review of published IPA work. I therefore used these guidelines in addition to Yardley's (2000, 2008) criteria to help inform the assessment of the quality of my work.

Taken together, both frameworks provided an explicit and transparent means of indicating the value of my work, which permitted its strengths and weaknesses to be clearly set out, thereby adding credibility to my work as a whole. I describe my quality assessment process using both sets of guidelines in the next section below.

## **10.5. Quality Assessment of My Research**

Yardley's (2000, 2008) guidelines are divided into the four main categories of **(1)** sensitivity to context **(2)** commitment and rigour **(3)** transparency and coherence, and **(4)** impact and importance. I structured my quality assessment around each of these four categories, by providing a consideration of how I believed my research met these criteria, while also making reference to Smith's (2011) guidelines for IPA research quality.

### **10.5.1. Sensitivity to Context**

I have demonstrated a sensitivity or responsiveness to context throughout each stage of the research process, including: the subject matter, choice and implementation of

methodological approach, epistemology, participants and their data, the findings and my role in the research process. In this section, I elaborate on each of these before discussing some limitations to the sensitivity of my research.

#### **10.5.1.1. Subject Matter**

I demonstrated a sensitivity to the subject matter by placing it into the broader socio-cultural, economic and political context in which my research has taken place. This involved a consideration of the nature and prevalence of graduate unemployment and common mental health issues at the present time, as well as the empirical research that has investigated these phenomena. I also took care to situate my findings within the broader context of the academic literature by making connections to theory and research, providing recommendations for further research, as well as considering the real-world context of the practical implications of my work.

#### **10.5.1.2. Participants, Methodology and Epistemology**

My sensitivity towards the participants was largely structured by my methodological approach and by an adherence to professional and university ethical guidelines, which helped to respect and protect the integrity and dignity of the research participants and myself. The main ethical issue of concern was the traumatic nature of the subject matter for participants, which I dealt with by providing the necessary information about my study, informing participants of their rights, and by remaining responsive to their needs and expectations at all times.

I demonstrated a sensitivity to my choice of methodological approach throughout my work. For example, I provided an explicit consideration of the underlying epistemological assumptions and commitments that were inherent in my research. These were determined by my choice of methodological approach and I conducted my research in a manner consonant with this approach, including my choice of evaluative criteria, against which the quality and validity of my research has been assessed.

I also honoured the theoretical and methodological principles of IPA by adhering to its methods, tools and techniques, which shaped many of my decisions relating to the design, data-collection (i.e., semi-structured interviews) and analysis stages of my research. My diligent application of these principles was critical to maximising access to participants' experience and therefore helped to ensure the quality and validity of their data and my findings.

#### **10.5.1.3. Data-Collection and Interviews**

An integral part of my interview process was the 'bracketing' or suspension of my preconceptions and understandings at the right times, so that I could focus my attention towards participants and engage with them in their own terms. I also endeavoured to strike a balance between a passive, empathic interpretative stance and a more active, questioning or probing into participants' experience, taking care to be conscious of my assumptions and motives when switching between these stances. Taken together, these techniques helped to ensure that I was receptive to all possible interpretations, rather than being directed by my own pre-conceived ideas and prejudices.

This level of awareness, where I was alert and responsive to participants, also extended to the social and normative, or political, aspects to the research process. For example, the sensitive nature of my research meant that I was especially sensitive to any reticence, avoidance, or inconsistencies and contradictions in participants' accounts. It was also possible that my status as a graduate (and male, bearing in mind that most participants were female), who was close in age to participants, might have produced social/normative pressures that inhibited their accounts. For example, they might have concealed relevant and important aspects of their experience out of embarrassment. However, I didn't detect any reticence in participants' accounts and I established an excellent rapport with them all, which meant that it was less likely that these issues were significant concerns.

#### **10.5.1.4. Data-Analysis, Themes and Reflexivity**

My approach towards data-analysis was similar to the one that I employed during the interviews. I made use of the same strategies, which enabled my analysis to prioritise participants' accounts over my own orienting ideas (i.e., preconceptions, experience and knowledge), so that I could generate interesting and insightful themes that were thoroughly substantiated in participants' words. My 'insider' status also facilitated my sensitivity towards participants' accounts by enhancing my empathic interpretative stance. This helped my analysis to draw out the more nuanced aspects to their experience, which might have been missed by those researchers who had not experienced the phenomenon for themselves.

A main strength of my research lay in the nature of my themes, and how they captured and articulated aspects to participants' experience, which would not have been so readily amenable to exploration using other qualitative methods. My use of IPA's methods, tools and techniques were sensitive enough to respond to themes as they emerged, and the flexibility of my approach permitted the exploration and development of these in relation to my sample as a whole.

Throughout this thesis, I have explained my reasoning behind the main decisions that I made, buttressing my rationale with a critically reflective and reflexive commentary, which considered my impact on the research process and its outcomes. This reflexivity was an integral part of this thesis from the beginning: commencing with an explicit consideration of the reasons for my choice of subject matter and the type of methodological approach towards its investigation, continuing with my impact on the data-collection/analysis process and the generation of themes, through to this formal assessment of the quality and validity of my work.

#### **10.5.1.5. Limitations to the Sensitivity of My Research**

An important issue relating to the sensitivity of my research, and all IPA research in general, is the extent to which participants' experience of the world is accessible and comprehensible to the researcher. Smith, Flowers and Larkin (2009) claim that IPA research can be considered to be 'experience-close' because they acknowledge that

pure experience, as it is being lived, is not accessible directly or completely. Nevertheless, we can still learn something of the experience of others through their communicated understandings and meanings, which can be said to represent the experience itself. Indeed the growing body of insightful IPA research highlights what can be known of other people's experience (Smith, 2011).

My research has also generated valuable insight into the subject matter, which attests to the effectiveness of IPA as an experiential mode of inquiry, although it also raises issues that demonstrate the limitations of such an approach to accessing and understanding participants' experience. For example, despite my suggestion, in the Participant Information Sheet (see Appendix VI), that participants spent some time reflecting on their experience of being unemployed with mental health issues, some participants infrequently remarked in the interviews that they had not considered the possible meaning of certain aspects to their experience. These episodes did not diminish the overall quality of the data, as they were related to relatively minor 'side' issues to the research question; however, they do underscore how the issue of reflection is paramount in IPA research, as the depth of participants' expressed understandings and meanings obviously sets an upper limit on the quality of the data-analysis and findings (Smith, Flowers & Larkin, 2009).

The sensitivity of my IPA approach was also limited by the comprehensibility of the subject matter. Participants' unemployment was bound up with the nebulous nature of their mental health issues, and they struggled to understand the role of these in their unemployment at times. This complicated my interpretative task of unpicking the impact of the two in relation to participants' understanding of their experience, as it was not always clear if their responses were attributable to their unemployment, their mental health issues or both. This complexity of the co-existent nature of the subject matter therefore required a skilful application of IPA's approach, so that I could draw out what could be known of participants' experience.

A further limitation to the sensitivity of my research was its cross-sectional design, using one-off interviews, which provides a 'snapshot' of participants' experience and

understandings at a given moment in time. I was therefore restricted in my capacity to accurately capture and draw out any significant time-related changes in participants' accounts. For example, many of my questions had a temporal dimension embedded within them, which required participants to engage in a retrospective evaluation of their experience in the past, perhaps up to several years ago, and so the quality of my research was reliant on participants' being able to accurately recall this experience.

Moreover, my adjustment of the lower limit of the length of unemployment, from an original duration of 12 months to five months, might have limited my investigation into the phenomenon of unemployment, if participants had yet to respond to any psycho-social impact that it might have had on them. However, despite seven of the twelve participants having been unemployed between five and nine months (see Table 5.1. Participants' Biographical Details, Section 5.2.3., Chapter Five, pp. 94-97), there was no appreciable divergence in their accounts compared with the other participants, who had been unemployed for longer. This was reflected in the strong convergence of shared understandings and meanings held among all participants, which was manifested in how well-represented the themes were in my sample as a whole (see Table 5.6., Chapter Five, p. 131).

Participants' presentation of symptoms added a further temporal dimension to my research, as these varied in their severity, with some participants feeling better than others. Participants' state of mind at the time of interview had an impact on their mood and assessment of their circumstances, and therefore on the tone and content of their responses to my questions. This is important to acknowledge, as my findings are based on these one-time responses and are therefore constrained by them.

As I discussed in my suggestions for further research, a longitudinal design using IPA would help to address these issues by providing a more complete account of participants' experience over a period of time (Snelgrove, 2014). This could be accomplished by conducting a series of interviews at specified intervals, perhaps



every three months, which would increase the sensitivity of the research in detecting any changes to participants' responses over time, as the duration of their unemployment increased.

### **10.5.2. Commitment and Rigour**

My strong commitment in terms of the time and dedication invested in this research, and the rigour or thoroughness with which I have carried it out, can be seen at all stages of this thesis from its inception. I elaborate on how I met these criteria and also highlight where improvements could have been made below.

#### **10.5.2.1. Subject Matter**

The initial idea for this research stemmed from my personal and recent experience of being unemployed with mental health issues, as well as a genuine interest in mental health, which together have helped to ensure my strong motivation and personal commitment to this thesis.

Two decisions were made relating to my choice of subject matter that enhanced the rigour of my work. Firstly, the experiential focus of my work was narrowed down by selecting a specific group (i.e., university graduates) who were unemployed with common mental health issues, rather than using a more disparate population in a broader context. This provided a clearly-defined and purposeful focus to my research that was conducive to high-quality IPA (Smith, 2011), whilst still permitting an open and exploratory investigation of the subject matter.

Secondly, my decision to examine the experience of both unemployment and mental health issues, together and in context, provided a more externally valid representation of these phenomena than would have been possible by studying each of these separately and then making speculative inferences about the co-existence of the two. Such commitment to the integrity of the subject matter has enabled my research to produce findings that have illuminated our understanding of the relationship between unemployment and common mental health issues in a

university graduate population. For example, they have demonstrated how unemployment and mental health issues are often inextricably bound together in a complex web of relationships, understandings and nuanced meanings that have very real effects and consequences for these graduates.

The depth of my commitment and rigour towards the subject matter was further demonstrated by my handling of the relevant theoretical context to my work. This process began with a thorough and systematic literature review of the appropriate quantitative and qualitative empirical work before this thesis was undertaken. Committing to prioritising the phenomenon under investigation precluded a more theoretically-driven examination of the literature at this stage, which would have prejudiced the data-collection and data-analysis processes to come. After the data-analysis had been carried out, I then situated the findings within a broader theoretical context, which involved a bi-directional consideration of how my themes informed and were informed by this literature. This process also involved forming an assessment of the contribution made by the findings within this broader context, including their practical implications for policy and practice.

#### **10.5.2.2. Participants, Methodology and Epistemology**

My commitment towards participants was ensured by the rigour with which I carried out my methodological approach, as well as my strict adherence to professional and university ethical guidelines. I honoured IPA's epistemological, theoretical and methodological commitments throughout my research, as well as its methods, tools and techniques, which helped to ensure I was committed to the perspective of participants, so that I could engage with them in their own terms. This included my use of 'bracketing' and shifting my interpretative stance, so that I was able to draw out their meanings and understandings in a systematic and robust manner, which helped to ensure the quality and validity of participants' data and my findings.

### **10.5.2.3. Data-Collection and Interviews**

Strong data are an important prerequisite for high-quality IPA (Smith, 2011) and so carrying out robust interviews was crucial to this effort. I demonstrated rigour in my approach towards the data-collection process starting with the design and piloting of my topic guide, which I carried out in accordance with IPA principles. The semi-structured interview was a well-suited data-collection tool that worked well and generated conceptually rich data, which were crucial for the data-analysis stage. The rigour of the interviews was complemented by my use of field notes that were made shortly after the interviews had taken place and were dedicated to contextual data that had not been recorded in the interview itself. These notes included my afterthoughts relating to my impressions of the participants and how I felt the interview process had gone.

It has been remarked that research participants often combine different, sometimes contradictory points of view or opinions (Smith, Flowers & Larkin, 2009). I also had to be wary of participants making honest mistakes or any insincerity and questionable claims in their accounts that were misleading. There were numerous opportunities to detect anything that seemed askew or odd, especially during my extensive interviews. The in-depth and rigorous nature of these, where I was questioning what was or was not said, provided a rigorous means of detecting any inconsistencies or salient omissions in participants' accounts. My additional use of a Participant Details Sheet (see Appendix VIII), which collected background information about participants prior to the interviews, was another source of valuable data that I used to cross-reference with the interviews and helped to detect any inconsistencies or anomalies in their accounts.

The additional use of triangulating participants' accounts with other sources of data, such as diaries or journals, so that I could cross-reference these for any inconsistencies, would have buttressed the rigour of my data-collection (Alaszewski, 2006). Although doubts might be cast about participants' motivation and reliability to complete a diary, given their difficulties, and writing about their experience might be troubling for them (Alaszewski, 2006). The advantage of using a diary method is that it provides a valuable opportunity to capture participants' priorities and the

context to their experience, which might not be captured in an interview setting (Elliott, 1997). Moreover, participants would ideally record their thoughts and meanings as they occurred and were reflected upon, which would help to improve the accuracy and depth of detail of their accounts (Corti, 1993).

#### **10.5.2.4. Data-Analysis and Themes**

My adherence to the methods, tools and techniques laid down by Smith, Flowers and Larkin (2009) have helped to ensure that I produced a rigorous analysis of participants' data, which is important for high-quality IPA (Smith, 2011). Collins and Nicolson (2002), however, have pointed out that by adopting IPA's analytic stance, with its prioritised focus on searching for connections, similarities and differences across participants, there is a risk that researchers might overlook rich data relating to the sequential and unfurling nature of participants' accounts.

In response, Smith *et al.* (2002) have highlighted IPA's idiographic stance and its commitment to the individual and the particular. For example, the multiple interpretative stances and different ways of approaching or thinking about participants' accounts using IPA, enabled my analysis to respond to their data in a responsive, flexible and robust manner, which meant that the omission of anything salient or relevant to the research question was unlikely.

My rigorous approach to theme development was enhanced by my use of a formalised measure to objectively determine the prevalence (recurrence) of my themes (see Table 5.6., Chapter Five, p. 131). This complemented my narrative account and helped to demonstrate the coverage of my themes, and their relevance to my sample as a whole, which is important to high-quality IPA studies (Smith, 2011).

For example, one quarter of my sample were males and so it could be argued that less confidence may be placed in the applicability of my themes to males than females. However, the test of recurrence revealed that despite three times as many females than males took part in my research, all of my themes were well-represented across all participants. My master themes were represented in all participants and all

sub-ordinate themes were present in all male participants. When considered from this standpoint of the prevalence of my themes across my sample as a whole, my themes demonstrated a high degree of congruence in relation to the nature of the experience for both males and females, and so the issue of sex differences was of less importance in my research.

#### **10.5.2.5. Strategies to Enhance the Rigour of My Research**

I employed a number of strategies throughout my research that enhanced the rigour of my work as a whole. I undertook a rigorous approach to explaining my reasoning behind the main decisions that I made, buttressing my rationale with a critically reflective and reflexive commentary, which considered my impact on the research process and its outcomes.

The rigour of my data-analysis was buttressed by my documentation of this process in the form of an audit trail, which enabled others to check the process by which I arrived at my findings. I also sought feedback from my supervisors at key stages in the data-analysis process, which helped to affirm the rigour of my work by checking the consistency and veracity of my analysis.

Finally, this formal assessment of the quality and validity of my work, where I highlight both its strengths and weaknesses, is a further demonstration of my commitment to producing a rigorous piece of research. My use of two sets of evaluative criteria for assessing quality in qualitative research, which were consistent with my epistemological approach, has enabled the quality of my work to be assessed in a systematic and rigorous manner.

The rigour and validity of my work has been affirmed through these strategies, which therefore rendered the need for any form of participant validation to be redundant. Such a procedure would also be incongruent with the principles of IPA and the epistemology of interpretivism in general, as it assumes a single and fixed reality or truth that can be confirmed by participants (McConnell-Henry, Chapman & Francis, 2011). IPA, by contrast, is less ambitious. It aims to produce an interpreted

account of the meaning of participants' experience (Smith, Flowers & Larkin, 2009), of which the researcher's own interpretation is one of many possible alternatives, with none of these necessarily having any more legitimacy over the others, although some may be more credible than others.

### **10.5.3. Transparency and Coherence**

The transparency and coherence of my account refers to how well the constituent parts of this thesis fit together and make sense, so that readers of my work can see what I did and how my research was carried out. I have provided a coherent and transparent account of my actions, decisions and the rationale for these, throughout my work and I elaborate on how I met these criteria at each stage of the research process below.

#### **10.5.3.1. Coherence of My Work as a Whole**

The integrity of my work was maintained by the manner in which the stages of my research were bound together into a coherent whole. First of all, I demonstrated a coherent application of the theoretical and methodological principles of IPA to the subject matter in accordance with its underlying epistemological assumptions and commitments. Each of the stages of my research was carried out in a manner that was consistent with these commitments, including the design, participants and sampling criteria, data-collection tools (i.e., semi-structured interviews), topic guide development, data-collection and its analysis, and how I assessed the quality and validity of my research.

For example, the research question was dictated by my epistemological position that was inherent in my choice of methodological approach. My coherent application of IPA's approach has therefore enabled the examination of this question and to gather strong data, from which I have produced original and interesting themes. I have also demonstrated how these themes cohere with the relevant theoretical and empirical literature, as well as their implications for policy and practice.

### **10.5.3.2. Data-Collection, Data-Analysis and Themes**

Transparency and coherence were especially important in the collection and analysis of participants' data. I provided a transparent step-by-step procedural account of my decisions and actions, which demonstrated my coherent use of IPA's methods, tools and techniques throughout the data-collection and data-analysis processes. By being alive to the reasons why particular decisions were made, as well as showing an active awareness of any possible bias or researcher effects, I was able to ensure a coherence between my collection/analysis of participants' data and my findings.

Throughout the data-analysis process, I endeavoured to provide a clear and well-balanced account that was representative of all participants, rather than a disproportionate few. The feedback from my supervisors helped to affirm the consistency of my analysis and the coherence of my account. In line with Smith's (2011) guidelines for high-quality IPA work, all of my claims were substantiated (and grounded) in my analysis, by being tethered to participants' accounts, so that readers of my work can check my interpretation, even if they disagree with it.

I have combined a descriptive and interpretative commentary alongside selected extracts of participants' accounts to construct a narrative that draws their individual experiences together into a coherent and viable account. The evidence for each theme has been drawn from across the entire sample, rather than just a selected few participants, so that the breadth and depth of each theme (i.e., how participants' experiences are similar, but also unique) can be seen, which is an important aspect to high quality in IPA work (Smith, 2011).

To enhance the transparency and confidence that may be placed in the validity of my themes, I objectively defined 'recurrence', so that readers of my work can see how the prevalence of my themes was determined. I also maintained a record of evidence documenting my actions at each stage of the data-analysis process – from the raw data of the transcribed interviews through to the final report – in the form of an audit trail. This helped to ensure the transparency and coherence of my work, by demonstrating how I developed my themes, so that others could check the consistency and validity of these.

### **10.5.3.3. Reflexivity and Quality Assessment**

I provided a transparent consideration of my impact on the research process in the form of a critically reflective and reflexive commentary. This provided an account of my decision-making process behind the key decisions that I made, as well as documenting my awareness of any potential bias that I may have had on my research.

Finally, this assessment of the quality and validity of my work, where I have highlighted its strengths and weaknesses, was a further demonstration of the transparency and coherence of my work. My use of two sets of evaluative criteria for assessing quality in qualitative research, which were consistent with my methodological and epistemological approach, has enabled the quality of my work to be assessed in a formal, coherent and transparent manner.

### **10.5.4. Impact and Importance**

I consider the impact and importance of my research from the three separate standpoints of methodology, theory and practice, which I address below.

#### **10.5.4.1. Methodology**

My research is the first qualitative and phenomenological study of its type that investigates the experience of unemployed university graduates with common mental health issues. My use of IPA, with its unique methodological approach to data-collection and data-analysis, has enabled a deeply idiographic exploration of the diverse and nuanced meanings that participants ascribed to their lived experience, which would not have been so readily amenable to study using other qualitative methods.

Rather than diminish the scientificity or importance of my findings, I contend that this methodological approach has enabled my research to produce a type of knowledge about participants' subjective and social reality from an 'insider's perspective' (Conrad, 1987). I have provided an interesting and useful insight into what it is like



to be an unemployed university graduate with common mental health issues in early 21st century Britain during economically depressed times. University graduates are an under-researched group in general, and so my research has given this group a valuable opportunity for their experience to be known by a wider audience.

#### **10.5.4.2. Theory**

The theoretical impact and importance of my work was bound up with the question of the external validity (i.e., the generalisability or transferability (Lincoln & Guba, 1985)) of my findings and the extent to which they could be extrapolated to other individuals, groups and contexts. The strongly idiographic and subjective nature of my study, which prioritised the uniqueness of the individual experience of a few purposively selected graduates in their own context, clearly circumscribed the transferability of my findings and the ability to make broad generalised statements (Malim *et al.*, 1992; Smith, Flowers & Larkin, 2009). This criticism is based on the philosophical problem of scientific induction, which contends that it is not rationally justifiable to move from a set of particular observations of a small sample to general or universal conclusions for a larger population without making a leap of faith (Popper, 1972).

Smith, Flowers and Larkin (2009) have addressed this issue by suggesting that the transferability of the findings of any IPA study to other populations and contexts should be considered on theoretical grounds, rather than on its empirical basis. As I discussed in my methodological approach (see Chapter Four, 4.2.7. IPA and Idiography, p. 73), the depth of IPA's idiographic approach, with its focus on the particular, provides a strong and sound basis to complement nomothetic approaches to knowledge, as it can draw out the underlying and more fundamental aspects of experience that should be accounted for by any general nomothetic framework (Bromley, 1985).

For example, my research has been able to establish connections between the lived experience of participants at an individual level and more abstract and general theoretical frameworks. These connections have therefore informed and been informed

by extant theory, and in doing so, they have furthered our understanding of the phenomenon of being an unemployed university graduate with common mental health issues.

Moreover, by placing my findings into the wider context of the academic literature, I provide readers of my work with the opportunity to form their own assessment of my work's importance and generalisability. They can therefore consider the broader applicability of my account in relation to their own experience and/or professional understanding of the subject matter, and draw their own conclusions (Smith, Flowers & Larkin, 2009).

This thesis should also be viewed as part of a broader and ongoing research effort towards establishing a deeper and more complete understanding of the phenomenon of being unemployed with common mental health issues (Flowers *et al.*, 1997). While my knowledge claims have been put forward tentatively, they may be used cautiously to begin to understand the experiences of other unemployed university graduates with common mental health issues. For example, my work provides a strong basis for further qualitative research to build on, and develop the scope of, my analytic claims by developing theory in an idiographic and empirical manner, using different samples of university graduates with common mental health issues in not too dissimilar situations and contexts (Bromley, 1985; Hammersley, 1989; McAdams & West, 1997; Miles & Huberman, 1994; Touroni & Coyle, 2002).

#### **10.5.4.3. Practice**

As I have already discussed (see 9.5.2. Practical Implications, Chapter Nine, p. 268), my work has produced findings that have some important 'real world' implications for the policy and practice of universities, careers advisers and mental health professionals. These findings also point towards suggestions that may be of assistance to unemployed graduates and university students, who have common mental health issues, in order to better enable them to enter work.

The impact and importance of my work has been enhanced by its narrow experiential focus on a particular group (i.e., university graduates), rather than a more disparate population in a broader context. This enabled my research to generate findings that had the practical utility of being directly relevant to this particular population, which should be of greater benefit to them than a more generic based set of findings.

A further test of the impact and importance of my work will come when I communicate my findings to a broader range of audiences beyond the academic community. These might include: clinicians, therapists, councillors, careers advisers and unemployment support workers, who might find my work of interest and of relevance to their own professional concerns and fields of work.

There is a strong emphasis placed on the literary and creative features of IPA (Smith, Flowers & Larkin, 2009), and a carefully articulated narrative that is well-written is a feature of high-quality IPA work (Smith, 2011). Richardson (2000), for example, has noted how the eloquence and emotive power of words can accentuate the resonance and persuasiveness of an account. With this in mind, I have aimed to produce a cogent account of participants' experience by making use of interpretative imagery that helped to bring out the meaning of the phenomenon in an engaging and interesting manner. My hope is that readers of my work will therefore feel that they have learned something of what it is like to be an unemployed university graduate with common mental health issues.

## **10.6. Chapter Summary**

In this chapter, I have reflected on the value of my research by considering its quality and the scientific standing of my work. To do this, I provided a formal and explicit assessment of the quality and validity of my research, making use of Yardley's (2000, 2008) generic evaluative criteria and Smith's (2011) guidelines for high-quality IPA work. Both of these guidelines helped to structure my assessment, which have permitted the strengths and limitations of my research to be clearly set

out in a systematic and transparent manner. This process has helped to demonstrate why confidence may be placed in the scientificity, or the rigour and trustworthiness, of my work.

## **D. PART FOUR: Conclusion: A Phenomenological Epilogue**

This thesis has provided the first investigation into the experience of unemployed university graduates with common mental health issues from a qualitative and phenomenological perspective using Interpretative Phenomenological Analysis. My approach has meant that the key epistemological claim that I make in this thesis is for how the phenomenon of being unemployed with common mental health issues appeared to university graduates, rather than how it actually was.

In this manner, I have produced a co-constructed account, based on the subjective interpretative acts of both myself and the participants, with the objective to grasp a particular point-of-view (Smith, 2004). My approach has therefore placed less emphasis on demonstrating or establishing causal relations between unemployment and mental health, and has instead prioritised meanings and understanding in terms of explanatory importance. This has enabled my research to produce a more nuanced account that has highlighted the multifaceted and complex nature of participants' experience, which involved strong temporal, existential, emotional and social dimensions. My themes were able to capture this multifaceted struggle, thereby producing an original, interesting and useful insight into an under-researched phenomenon.

My 'insider' status of having personal understanding of the phenomenon under study enhanced my interpretative activity as researcher. I was able to better empathise with participants, which I found to be helpful, rather than a hindrance or 'threat' to the integrity of my work. Smith, Flowers and Larkin's (2009) suggestion that good IPA might produce further insight into participants' experience as a whole springs to mind in light of my 'insider' status. While I do not claim that my interpretation has a greater truth or authority than the claims of participants, I found that my 'insider'

status did help my analysis to build on their accounts. For example, I was able to elucidate the nature of participants' mental health issues and how this had an impact on their understanding of their unemployment, which was perhaps less clearly grasped by participants themselves.

My findings and main themes strongly resonated with my own experience of being unemployed with common mental health issues. However, I still enjoyed the challenge of grappling with participants' accounts, especially those that diverged from my own experience, and to reconcile these with the emerging findings. I was pleasantly surprised by the extent of the convergence among participants' individual experiences that they shared in common. I had expected a greater divergence, based on the variable and sometimes altogether different nature of their common mental health issues.

By placing my findings into the wider context of the academic literature, I found that many of the theoretical connections I was able to make provided a new perspective on my own experience of being unemployed with common mental health issues, which I had not considered before. During my unemployment, for example, I was clearly aware that I was having a personal crisis, but understanding my own Fall from Grace to be part of a broader developmental-existential life-crisis, was something that I could not appreciate at the time, and is something that I can only now fully understand with the benefit of hindsight. I see now how a lot of the frustration and anger that I felt was related to my loss of adult maturity and struggle to complete my rite of passage into social adulthood, which were attributable to my social status as unemployed.

As with participants' experience, the significance of what I was going through during my unemployment was unclear in my mind. The tasks and challenges that I faced – what it was exactly that I had lost and what I had to do to rebuild my life – seemed to be daunting and I tackled these in a somewhat haphazard manner, although this related to my sense of having little control over my life, due to my mental health issues. I also engaged in a reflective re-evaluation of my sense of self and identity, but

rather than reformulate my original Dream, the experience served to clarify or underline what it was that I wanted to do with my life in terms of a career.

My memories of being suspended in a liminal and nebulous state – marked by uncertainty and ambiguity – are still harrowing to think about. The sense of helplessness or “floating” and feeling “lost”, accompanied by the recurrent cycle of hope and despair towards my circumstances, are all chilling reminders of the miserable process that I went through. I also underwent the same multifaceted emotional response to my circumstances, which comprised of shock, disorientation and a strong sense of injustice. My tendency to ruminate on my circumstances was strongly bound-up with my mental health issues, although I think I probably felt self-pity instead of grief, which stemmed mostly from having mental health issues, rather than being unemployed.

My own experience of recovery was also thwarted by the formation of “vicious circle[s]”, where I became increasingly entrenched in my mental health-related difficulties and less able to overcome my unemployment. As with participants, these cycles fed into my decision-making process, which confused my sense of priorities and expectations about resolving my mental health issues and finding a job. While I had formulated a career plan, this would change with my circumstances or mood. I would flit between holding onto my career ambitions and just taking any job out of desperation to escape my plight. I seemed to think that I should sort out my mental health issues first and then get a job, but it was not always as clear-cut and black-and-white as that in my mind. As with participants' experience, I also needed some form of work to continue my recovery, and I had to feel a preparedness to take that step too. The process of improving my mental health still continues today, some three-and-a-half years later. I am still haunted by my experience and the fear of it happening again is always in the back of my mind. However, I feel that my mental health is much stronger now and that I am better equipped to deal with unemployment, should it happen again.

The research process that I have undertaken in this thesis has been a long journey, but it has been a privilege to have had the opportunity to investigate a subject that

has stemmed, in part, from my own personal and recent experience of being unemployed with common mental health issues. I have enjoyed the entire process. I feel that I have also learnt a great deal about academic research, and it has especially enhanced my knowledge, capability and confidence as a qualitative researcher, as well as my interest in qualitative research and its methodology in general. I feel a sense of satisfaction with my work and its findings, as I have been able to shine a spotlight on the psychological impact of a much neglected social and economic problem that has received little empirical attention from researchers. I therefore hope that this thesis can begin to change that.

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# Appendices

## Appendix I: List of Search Terms

### (Quantitative Search)

Common.

Mild.

Mental\* (mentally), disorders, conditions, ill\* (illness), health, issues.

Depress\* (depression, depressed, depressing).

Anx\* (anxiety, anxieties, anxious).

Unemploy\* (unemployment, unemployed, unemployable, unemploying), employ\* (employment, employed, employable, employing, employee, employees, employer, employers), job\* (jobless, joblessness, jobs), occupation\* (occupational, occupations), work\* (working, worked, worker, workers, works), return\* (returned, returning) to work\* (working, worked, worker, workers, works).

Graduates.

Students.

### List of Additional Search Terms (Qualitative Search)

Qualitative, phenomenolog\* (phenomenology, phenomenologies, phenomenological)  
Interpret\* (interpretative, interpretive) phenomenological analysis, grounded theory,  
them\* (theme, themes, thematic) narratives, experienc\* (experience, experiences,  
experiencing, experienced, experiential).

**NB.** ('\*') Asterisk wildcard/truncation symbol used to create searches where there are multiple endings to a word (e.g., Anx\* (anxiety, anxieties, anxious)).

## Appendix II: Record of Searches and their Results

### Combination of Quantitative Search Terms

<b>Common mental* disorders</b> <b>Common mental* ill*</b> <b>Common mental* conditions</b> <b>Mild mental* disorders</b> <b>Mild mental* ill*</b> <b>Mild mental* conditions</b> <b>Mental* health</b> <b>Mental* health disorders</b> <b>Mental* health conditions</b> <b>Mental* health issues</b> <b>Anx*</b> <b>Depress*</b> <b>Sickness Absence</b>	<b>AND</b>	<b>Unemploy*</b> <b>Employ*</b> <b>Occupation*</b> <b>Job*</b> <b>Work*</b> <b>return* to work*</b>	<b>AND</b>	<b>Graduates Students</b>
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Search No.	Search Terms	Search Results		
		Title Only	Abstract Only	Papers Retained
1	Common mental* disorders AND unemploy*	8	172	22
2	Common mental* ill* AND unemploy*	0	14	3
3	Common mental* conditions AND unemploy*	0	5	0
4	Common mental* disorders AND employ*	19	486	15
5	Common mental* ill* AND employ*	1	93	7
6	Common mental* conditions AND employ*	0	16	2
7	Common mental* disorders AND occupation*	20	319	2
8	Common mental* ill* AND occupation*	0	15	0

9	Common mental* conditions AND occupation*	2	8	1
10	Common mental* disorders AND job*	10	180	2
11	Common mental* ill* AND job*	1	12	0
12	Common mental* conditions AND job*	0	5	0
13	Common mental* disorders AND work*	386	1143-	5
14	Common mental* ill* AND work*	2	194	2
15	Common mental* conditions AND work*	12	97	2
16	Mild mental* disorders AND unemploy*	0	2	2
17	Mild mental* ill* AND unemploy*	0	1	0
18	Mild mental* conditions AND unemploy*	0	1	0
19	Mild mental* disorders AND employ*	0	9	2
20	Mild mental* ill* AND employ*	0	3	0
21	Mild mental* conditions AND employ*	0	1	0
22	Mild mental* disorders AND job*	0	3	0
23	Mild mental* ill* AND job*	0	1	0
24	Mild mental* conditions AND job*	0	1	0
25	Mild mental* disorders AND work*	0	49	3
26	Mild mental* ill* AND work*	0	14	1
27	Mild mental* conditions AND work*	0	4	0
28	Mild mental* disorders AND occupation*	0	2	0
29	Mild mental* ill* AND occupation*	0	1	0
30	Mild mental* conditions AND occupation*	0	0	0
31	Mental* health AND unemploy*	542	4656-	33
32	Mental* health AND employ*	2258-	25,047-	-

33	Mental* health disorders AND unemploy*	1	242	14
34	Mental* health disorders AND employ*	6	929	23
35	Mental* health conditions AND unemploy*	0	133	17
36	Mental* health conditions AND employ*	20	733	6
37	Mental* health issues AND unemploy*	2	118	5
38	Mental* health issues AND employ*	12	934	7
39	Unemploy* AND anx*	16	2,363-	2
40	Unemploy* AND depress*	546	6657-	5
41	Unemploy* AND anx* AND depress*	10	1555-	2
42	Employ* AND anx*	384	17,144-	4
43	Employ* AND depress*	1634-	30,070-	-
44	Employ* AND anx* AND depress*	144	6,956-	5
45	Work* AND anx*	2671-	46,812-	-
46	Work* AND depress*	7130-	73,815-	-
47	Work* AND anx* AND depress*	687	17,530-	2
48	Job* AND anx*	330	5106-	3
49	Job* AND depress*	949	8064-	8
50	Job* AND anx* AND depress*	74	2159-	2
51	Occupation* AND anx*	245	5223-	7
52	Occupation* AND depress*	734	9361-	5
53	Occupation* AND anx* AND depress*	14	2813-	2
54	Common mental* disorders AND sickness absence	130	159	16
55	Mild mental* disorders AND sickness absence	0	4	2
56	Mental* health AND sickness absence	121	588	23
57	Common mental* disorders AND graduates	0	4	0

58	Common mental* ill* AND graduates	0	3	0
59	Common mental* conditions AND graduates	0	2	0
60	Common mental* disorders AND students	58	128	12
61	Common mental* ill* AND students	1	18	1
62	Common mental* conditions AND students	0	4	0
63	Mild mental* disorders AND graduates	0	1	0
64	Mild mental* ill* AND graduates	0	0	0
65	Mild mental* conditions AND graduates	0	0	0
66	Mild mental* disorders AND students	1	47	11
67	Mild mental* ill* AND students	0	2	0
68	Mild mental* conditions AND students	0	0	0
69	Mental* health AND graduates	348	2951-	2
70	Mental* health AND students	4901-	21,129-	-
71	Mental* health disorders AND graduates	0	53	3
72	Mental* health disorders AND students	72	566	12
73	Mental* health conditions AND graduates	0	29	0
74	Mental* health conditions AND students	14	270	22
75	Mental* health issues AND graduates	2	152	4
76	Mental* health issues AND students	135	1209-	35
77	Mental* health ill* AND graduates	1	78	2
78	Mental* health ill* AND students	84	654	44
79	Graduates AND anx*	191	1806-	1
80	Graduates AND depress*	105	1477-	2



81	Students AND anx*	6545-	32,784-	-
82	Students AND depress*	6097-	28,182-	-
83	Unemploy* AND graduates	200	1915-	3
84	Employ* AND graduates	2658-	19,140-	-
85	Work* AND graduates	3455-	43,152-	-
86	Job* AND graduates	1695-	13,736-	-
87	Occupation* AND graduates	497	3187-	3
88	Unemploy* AND common mental* disorders AND graduates	0	0	0
89	Unemploy* AND common mental* ill* AND graduates	0	0	0
90	Unemploy* AND mild mental* disorders AND graduates	0	1	0
91	Unemploy* AND mild mental* ill* AND graduates	0	0	0
92	Employ* AND common mental* disorders AND graduates	0	0	0
93	Employ* AND common mental* ill* AND graduates	0	0	0
94	Employ* AND mild mental* disorders AND graduates	0	1	0
95	Employ* AND mild mental* ill* AND graduates	0	0	0
96	Work* AND common mental* disorders AND graduates	0	2	0
97	Work* AND common mental* ill* AND graduates	0	0	0
98	Work* AND mild mental* disorders AND graduates	0	0	0
99	Work* AND mild mental* ill* AND graduates	0	0	0
100	Graduates AND anx* AND unemploy*	0	12	0
101	Graduates AND depress* AND unemploy*	0	65	3
102	Graduates AND anx* AND employ*	1	161	9

103	Graduates AND depress* AND employ*	1	134	6
104	Common mental* disorders AND return* to work*	139	123	25
105	Common mental* ill* AND return* to work*	0	4	1
106	Mild mental* disorders AND return* to work*	0	1	0
107	Mild mental* ill* AND return* to work*	0	1	0
108	Mental* health AND return* to work*	163	1069-	15
109	Anx* AND return* to work*	10	946	10
110	Depress* AND return* to work*	174	1751-	12
111	Anx* AND depress* AND return* to work*	5	587	33
112	Return* to work* AND graduates	2	381	2
113	Common mental* disorders AND return* to work* AND graduates	0	0	0
114	Common mental* ill* AND return* to work* AND graduates	0	0	0
115	Mild mental* disorders AND return* to work* AND graduates	0	0	0
116	Mild mental* ill* AND return* to work* AND graduates	0	0	0
117	Mental* health AND return* to work* AND graduates	0	7	0
118	Anx* AND return* to work* AND graduates	0	3	0
119	Depress* AND return* to work* AND graduates	0	5	0
120	Anx* AND depress* AND return* to work* AND graduates	0	1	0

### **Key**

(-) Screening did not take place.

(\*) Asterisk wildcard/truncation symbol used to create searches where there are multiple endings to a word (e.g., Anx\* (anxiety, anxieties, anxious)).

## Combination of Qualitative Search Terms

<b>Common mental* disorders</b>  <b>Common mental* ill*</b> <b>Common mental* conditions</b>  <b>Mild mental* ill*</b> <b>Mental* health disorders</b> <b>Mental* health conditions</b>  <b>Mental* health issues</b> <b>Anx*</b> <b>Depress*</b>	<b>AND</b>	<b>Unemploy*</b> <b>Employ* return* to work*</b>	<b>AND</b>	<b>Interpret* Phenomenological Analysis</b>  <b>Phenomenolog* Grounded Theory Experienc* Them* Narratives Qualitative</b>	<b>AND</b>	<b>Graduates</b>
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Search No.	Search Terms	Search Results		
		Title Only	Abstract Only	Papers Retained
1	Common mental* disorders AND Interpret* Phenomenological Analysis	0	2	0
2	Anx* AND Interpret* Phenomenological Analysis	1	295	2
3	Depress* AND Interpret* Phenomenological Analysis	16	183	6
4	Common mental* disorders AND Interpret* Phenomenological Analysis AND unemploy*	0	0	0
5	Anx* AND Interpret* Phenomenological Analysis AND unemploy*	0	0	0
6	Depress* AND Interpret* Phenomenological Analysis AND unemploy*	0	0	0
7	Common mental* disorders AND Interpret* Phenomenological Analysis AND employ*	0	0	0

8	Anx* AND Interpret* Phenomenological Analysis AND employ*	0	9	0
9	Depress* AND Interpret* Phenomenological Analysis AND employ*	1	7	1
10	Common mental* disorders AND Interpret* Phenomenological Analysis AND graduates	0	0	0
11	Anx* AND Interpret* Phenomenological Analysis AND graduates	0	0	0
12	Depress* AND Interpret* Phenomenological Analysis AND graduates	0	0	0
13	Common mental* ill* AND Interpret* Phenomenological Analysis AND unemploy*	0	0	0
14	Common mental* ill* AND Interpret* Phenomenological Analysis AND employ*	0	0	0
15	Mental* health issues AND Interpret* Phenomenological Analysis AND unemploy*	0	0	0
16	Mental* health issues AND Interpret* Phenomenological Analysis AND employ*	0	0	0
17	Common mental* disorders AND Phenomenolog*	1	12	1
18	Anx* AND Phenomenolog*	268	3170-	8
19	Depress* AND Phenomenolog*	948	3703-	13
20	Common mental* disorders AND Phenomenolog* AND unemploy*	0	0	0
21	Anx* AND Phenomenolog* AND Unemploy*	0	2	0
22	Depress* AND Phenomenolog* AND unemploy*	0	6	0
23	Common mental* disorders AND Phenomenolog* AND employ*	0	0	0

24	Anx* AND Phenomenolog* AND employ*	0	170	4
25	Depress* AND Phenomenolog* AND employ*	2	139	3
26	Common mental* disorders AND Phenomenolog* AND graduates	0	0	0
27	Anx* AND Phenomenolog* AND graduates	0	15	0
28	Depress* AND Phenomenolog* AND graduates	0	3	0
29	Common mental* ill* AND Phenomenolog* AND unemploy*	0	0	0
30	Common mental* ill* AND Phenomenolog* AND employ*	0	0	0
31	Mental* health issues AND Phenomenolog* AND unemploy*	0	1	0
32	Mental* health issues AND Phenomenolog* AND employ*	0	5	0
33	Common mental* disorders AND Grounded Theory	0	1	0
34	Anx* AND Grounded Theory	3	1056	0
35	Depress* AND Grounded Theory	15	1019	1
36	Common mental* disorders AND Grounded Theory AND unemploy*	0	0	0
37	Anx* AND Grounded Theory AND unemploy*	0	2	0
38	Depress* AND Grounded Theory AND unemploy*	0	7	0
39	Common mental* disorders AND Grounded Theory AND employ*	0	1	0
40	Anx* AND Grounded Theory AND employ*	0	32	0
41	Depress* AND Grounded Theory AND employ*	0	41	2

42	Common mental* disorders AND Grounded Theory AND graduates	0	0	0
43	Anx* AND Grounded Theory AND graduates	0	9	0
44	Depress* AND Grounded Theory AND graduates	0	1	0
45	Common mental* ill* AND Grounded Theory AND unemploy*	0	0	0
46	Common mental* ill* AND Grounded Theory AND employ*	0	0	0
47	Mental* health issues AND Grounded Theory AND unemploy*	0	1	0
48	Mental* health issues AND Grounded Theory AND employ*	0	7	1
49	Common mental* disorders AND experienc*	10	709	5
50	Anx* AND experienc*	3233-	77,564-	-
51	Depress* AND experienc*	6072-	103,049-	-
52	Common mental* disorders AND experienc* AND unemploy*	0	7	0
53	Anx* AND experienc* AND unemploy*	0	476	1
54	Depress* AND experienc* AND unemploy*	0	1176-	0
55	Common mental* disorders AND experienc* AND employ*	0	56	4
56	Anx* AND experienc* AND employ*	4	3701-	1
57	Depress* AND experienc* AND employ*	5	4736-	0
58	Common mental* disorders AND experienc* AND graduates	0	2	0
59	Anx* AND experienc* AND graduates	4	573	1
60	Depress* AND experienc* AND graduates	2	350	2

61	Common mental* ill* AND experienc* AND unemploy*	0	4	0
62	Common mental* ill* AND experienc* AND employ*	0	8	0
63	Mental* health issues AND experienc* AND unemploy*	0	8	0
64	Mental* health issues AND experienc* AND employ*	1	215	4
65	Common mental* disorders AND them*	1	477	0
66	Anx* AND them*	195	37,926-	0
67	Depress* AND them*	455	49,454-	2
68	Common mental* disorders AND them* AND unemploy*	0	1	0
69	Anx* AND them* AND unemploy*	0	215	0
70	Depress* AND them* AND unemploy*	0	559	3
71	Common mental* disorders AND them* AND employ*	0	15	1
72	Anx* AND them* AND employ*	2	1782-	0
73	Depress* AND them* AND employ*	0	2163-	-
74	Common mental* disorders AND them* AND graduates	0	0	0
75	Anx* AND them* AND graduates	0	279	2
76	Depress* AND them* AND graduates	0	159	0
77	Common mental* ill* AND them* AND unemploy*	0	0	0
78	Common mental* ill* AND them* AND employ*	0	5	0
79	Mental* health issues AND them* AND unemploy*	0	14	0
80	Mental* health issues AND them* AND employ*	0	129	1
81	Common mental* disorders AND narratives	2	16	2

82	Anx* AND narratives	123	3092-	1
83	Depress* AND narratives	373	2689-	1
84	Common mental* disorders AND narratives AND unemploy*	0	1	0
85	Anx* AND narratives AND unemploy*	0	5	0
86	Depress* AND narratives AND unemploy*	0	13	0
87	Common mental* disorders AND narratives AND employ*	0	3	0
88	Anx* AND narratives AND employ*	0	145	0
89	Depress* AND narratives AND employ*	0	102	0
90	Common mental* disorders AND narratives AND graduates	0	0	0
91	Anx* AND narratives AND graduates	0	15	0
92	Depress* AND narratives AND graduates	0	4	0
93	Common mental* ill* AND narratives AND unemploy*	0	0	0
94	Common mental* ill* AND narratives AND employ*	0	0	0
95	Mental* health issues AND narratives AND unemploy*	0	1	0
96	Mental* health issues AND narratives AND employ*	0	9	0
97	Common mental* disorders AND qualitative	8	197	1
98	Anx* AND qualitative	372	9422-	1
99	Depress* AND qualitative	1747-	10,639-	-
100	Common mental* disorders AND qualitative AND unemploy*	0	0	0
101	Anx* AND qualitative AND unemploy*	0	42	0
102	Depress* AND qualitative AND unemploy*	0	113	0



103	Common mental* disorders AND qualitative AND employ*	1	7	4
104	Anx* AND qualitative AND employ*	0	688	3
105	Depress* AND qualitative AND employ*	1	782	6
106	Common mental* disorders AND qualitative AND graduates	0	0	0
107	Anx* AND qualitative AND graduates	0	107	0
108	Depress* AND qualitative AND graduates	0	38	0
109	Common mental* ill* AND qualitative AND unemploy*	0	0	0
110	Common mental* ill* AND qualitative AND employ*	0	0	0
111	Mental* health issues AND qualitative AND unemploy*	0	2	0
112	Mental* health issues AND qualitative AND employ*	0	89	0
113	Common mental* disorders AND return* to work* AND qualitative	4	6	1
114	Common mental* ill* AND return* to work* AND qualitative	0	0	0
115	Mild mental* ill* AND return* to work* AND qualitative	0	0	0
116	Mental* health AND return* to work* AND qualitative	1	53	1
117	Anx* AND return* to work* AND qualitative	0	17	1
118	Depress* AND return* to work* AND qualitative	0	18	0
119	Return* to work* AND graduates AND qualitative	0	15	0
120	Common mental* disorders AND return* to work* AND graduates AND qualitative	0	0	0
121	Common mental* ill* AND return* to work* AND graduates AND qualitative	0	0	0

122	Mild mental* ill* AND return* to work* AND graduates AND qualitative	0	0	0
123	Mental* health and return* to work* AND graduates AND qualitative	0	1	0
124	Anx* AND return* to work* AND graduates AND qualitative	0	0	0
125	Depress* AND return* to work* AND graduates AND qualitative	0	0	0
126	Common mental* disorders AND return* to work* AND experienc*	1	12	0
127	Common mental* ill* AND return* to work* AND experienc*	0	0	0
128	Mild mental* ill* AND return* to work* AND experienc*	0	0	0
129	Mental* health AND return* to work* AND experienc*	1	250	8
130	Anx* AND return* to work* AND experienc*	0	235	0
131	Depress* AND return* to work* AND experienc*	0	359	4
132	Return* to work* AND graduates AND experienc*	0	108	0
133	Common mental* disorders AND return* to work* AND graduates AND experienc*	0	0	0
134	Common mental* ill* AND return* to work* AND graduates AND experienc*	0	0	0
135	Mild mental* ill* AND return* to work* AND graduates AND experienc*	0	0	0
136	Mental* health AND return* to work* AND graduates AND experienc*	0	3	0
137	Anx* AND return* to work* AND graduates AND experienc*	0	1	0
138	Depress* AND return* to work* AND graduates AND experienc*	0	2	0

139	Common mental* disorders AND return* to work* AND Phenomenolog*	0	1	1
140	Common mental* ill* AND return* to work* AND Phenomenolog*	0	0	0
141	Mild mental* ill* AND return* to work* AND Phenomenolog*	0	0	0
142	Mental* health AND return* to work* AND Phenomenolog*	0	2	1
143	Anx* AND return* to work* AND Phenomenolog*	0	3	0
144	Depress* AND return* to work* AND Phenomenolog*	0	2	1
145	Return* to work* AND graduates AND Phenomenolog*	0	0	0
146	Common mental* disorders AND return* to work* AND graduates AND Phenomenolog*	0	0	0
147	Common mental* ill* AND return* to work* AND graduates AND Phenomenolog*	0	0	0
148	Mild mental* ill* AND return* to work* AND graduates AND Phenomenolog*	0	0	0
149	Mental* health and return* to work* AND graduates AND Phenomenolog*	0	0	0
150	Anx* AND return* to work* AND graduates AND Phenomenolog*	0	0	0
151	Depress* AND return* to work* AND graduates AND Phenomenolog*	0	0	0

## **Key**

(-) Screening did not take place.

(\*) Asterisk wildcard/truncation symbol used to create searches where there are multiple endings to a word (e.g., Anx\* (anxiety, anxieties, anxious)).

## **Appendix III: Qualitative Literature Review Quality Assessment Criteria**

(Adapted from the framework proposed by Spencer *et al.* (2003))

### **FINDINGS**

#### **(1) Are the Findings credible?**

Findings/conclusions are supported by data/study evidence

Findings/conclusions 'make sense'/have a coherent logic

Findings/conclusions are resonant with other knowledge and experience

#### **(2) Has knowledge/understanding been extended by the research?**

Literature review has summarised knowledge to date/key issues raised by previous research

Aims and design of study set in the context of existing knowledge/understanding; identifies new areas for investigation

Credible/clear discussion of how findings have contributed to knowledge and understanding; might be applied to new policy developments, practice or theory

Findings presented or conceptualised in away that offers new insights/alternative ways of thinking

Discussion of limitations of evidence and what remains unknown/unclear or what further information/research is needed

#### **(3) Does the research address its original aims and purpose?**

Clear statement of study aims and objectives; reasons for any changes in objectives

Findings clearly linked to the purposes of the study

Summary or conclusions directed towards aims of study

Discussion of limitations of study in meeting aims (e.g. are there limitations because of restricted access to study settings or participants, gaps in the sample coverage, missed or unresolved areas of questioning; incomplete analysis; time constraints?)

#### **(4) Scope for drawing wider inference – has this been explained well?**

Discussion of what can be generalised to wider population from which sample is drawn/case selection has been made

Detailed description of the contexts in which the study was conducted to allow applicability to other settings/contextual generalities to be assessed

Discussion of how findings may relate to wider theory; consideration of rival explanations

Evidence supplied to support claims for wider inference (either from study or from corroborating sources)

Discussion of limitations on drawing wider inference

### **DESIGN**

#### **(5) Is the research design defensible?**

Discussion of how overall research strategy was designed to meet aims of study

Discussion of rationale for study design

Convincing argument for different features of research design (e.g. reasons given for different components or stages of research; purpose of particular methods or data sources, multiple methods, time frames etc.)

Use of different features of design/data sources evident in findings presented

Discussion of limitations of research design and their implications for the study evidence

### **SAMPLE/PARTICIPANTS**

#### **(6) Is the sample design/target selection of cases well defended?**

Description of study locations/areas and how and why chosen

Description of population of interest and how sample selection relates to it  
Rationale for basis of selection of target sample/settings (e.g. characteristics/features of target sample/settings, basis for inclusions and exclusions, discussion of sample size/number of cases/setting selected etc.)

**(7) Sample composition/case inclusion – is the eventual coverage described well?**

Detailed profile of achieved sample/case coverage  
Discussion of any missing coverage in achieved samples/cases and implications for study evidence (e.g. through comparison of target and achieved samples, comparison with population etc.)  
Documentation of reasons for non-participation among sample approached/non-inclusion of selected cases  
Discussion of access and methods of approach and how these might have affected participation/coverage

**DATA-COLLECTION**

**(8) Was the data-collection carried out well?**

Discussion of: (a) who conducted data collection (b) procedures/documents used for collection/recording (c) checks on origin/status/authorship of documents  
Audio or video recording of interviews/discussions/conversations (if not recorded, were justifiable reasons given?)  
Description of conventions for taking fieldnotes (e.g. to identify what form of observations were required/to distinguish description from researcher commentary/analysis)  
Discussion of how fieldwork methods or settings may have influenced data collected  
Demonstration, through portrayal and use of data, that depth, detail and richness were achieved in collection

**ANALYSIS**

**(9) Has the approach to, and formulation of, the analysis been conveyed well?**

Description of form of original data (e.g. use of verbatim transcripts, observation or interview notes, documents, etc.)  
Clear rationale for choice of data management method/tool/package  
Evidence of how descriptive analytic categories, classes, labels etc. have been generated and used (i.e. either through explicit discussion or portrayal in the commentary)  
Discussion, with examples, of how any constructed analytic concepts/typologies etc. have been devised and applied

**(10) Contexts of data sources – are they retained and portrayed well?**

Description of background or historical developments and social/organisational characteristics of study sites or settings  
Participants' perspectives/observations placed in personal context (e.g. use of case studies/vignettes/individual profiles, textual extracts annotated with details of contributors)  
Use of data management methods that preserve context (i.e. facilitate within case description and analysis)

**(11) Has diversity of perspective and content been explored well?**

Discussion of contribution of sample design/case selection in generating diversity  
Description and illumination of diversity/multiple perspectives/alternative positions in the evidence displayed  
Evidence of attention to negative cases, outliers or exceptions  
Typologies/models of variation derived and discussed  
Examination of origins/influences on opposing or differing positions  
Identification of patterns of association/linkages with divergent positions/groups

**(12) Has detail, depth and complexity (i.e. richness) of the data been conveyed well?**

Use and exploration of contributors' terms, concepts and meanings

Unpacking and portrayal of nuance/subtlety/intricacy within data  
Discussion of explicit and implicit explanations  
Detection of underlying factors/influences  
Identification and discussion of patterns of association/conceptual linkages within data  
Presentation of illuminating textual extracts/observations

## **REPORTING**

### **(13) Are the links between data, interpretation and conclusions clear – i.e. how well can the route to any conclusions be seen?**

Clear conceptual links between analytic commentary and presentations of original data (i.e. commentary and cited data relate; there is an analytic context to cited data, not simply repeated description)  
Discussion of how/why particular interpretation/significance is assigned to specific aspects of data – with illustrative extracts of original data  
Discussion of how explanations/theories/conclusions were derived – and how they relate to interpretations and content of original data (i.e. how warranted); whether alternative explanations explored  
Display of negative cases and how they lie outside main proposition/theory/hypothesis etc.; or how proposition etc. revised to include them

### **(14) How clear and coherent is the reporting?**

Demonstrates link to aims of study/research questions  
Provides a narrative/story or clearly constructed thematic account  
Has structure and signposting that usefully guide reader through the commentary  
Provides accessible information for intended target audience(s)  
Key messages highlighted or summarised

## **REFLEXIVITY AND NEUTRALITY**

### **(15) Are the assumptions/theoretical perspectives/values that have shaped the form and output of the research clear?**

Discussion/evidence of the main assumptions/hypotheses/theoretical ideas on which the research was based and how these affected the form, coverage or output of the research  
Discussion/evidence of the ideological perspectives/values/philosophies of research team and their impact on the methodological or substantive content of the research  
Evidence of openness to new/alternative ways of viewing subject/theories/assumptions  
Discussion of how error or bias may have arisen in design/data collection/analysis and how addressed, if at all  
Reflections on the impact of the researcher on the research process

## **ETHICS**

### **(16) Is there evidence of attention to ethical issues?**

Evidence of thoughtfulness/sensitivity about research contexts and participants  
Documentation of how research was presented in study settings/to participants (including, where relevant, any possible consequences of taking part)  
Documentation of consent procedures and information provided to participants  
Discussion of confidentiality of data and procedures for protecting  
Discussion of how anonymity of participants/sources was protected  
Discussion of any measures to offer information/advice/services etc. at end of study (i.e. where participation exposed the need for these)  
Discussion of potential harm or difficulty through participation, and how avoided

## **AUDITABILITY**

### **(17) Has the research process been documented adequately?**

Reproduction of main study documents

## Appendix IV: Letter of Ethical Approval



**Dr. John J. Downes**  
**Head, School of Psychology**

University of Liverpool  
Eleanor Rathbone Building,  
Bedford Street South,  
Liverpool  
L69 7ZA

T 0151 794 1477  
F 0151 794  
E [down@liv.ac.uk](mailto:down@liv.ac.uk)

[www.liv.ac.uk](http://www.liv.ac.uk)

Professor Mark Gabbay  
Professor of General Practice &  
Head of Department of  
Health Services Research  
University of Liverpool  
Block B,  
Waterhouse Building  
1-5 Brownlow Street  
Liverpool L69 3GL

12th November 2012

Dear Professor Gabbay

Your Ethics Application has been approved (with no need for changes) by the Institute of Psychology, Health and Society's Ethics Committee:

Reference: IPHS-1213-002

Principal Investigator: Mark Gabbay

Project Title: Getting into Work: An Interpretative Phenomenological Analysis of the Experiences of Long-term Unemployment in University Graduates with Mild-to-Moderately Severe Mental Disorders. (Graduate Unemployment and Mental Health Study)

First Reviewer: Rumona Dickson

Second Reviewer: Jennie Day

As the principal investigator (PI), it is your responsibility to keep the final, approved version of your Ethics Application form for this project and to provide it to any students or other collaborators who also work on this project *\*before\** they begin work on the project.

All undergraduate and taught masters students will need to bind a hard copy of this Ethics Application approval email *\*and\** a copy of your final, approved Ethics Application form into any work that they submit based on this project (e.g., third year projects and Master's dissertation projects). They will also need to bind into their work hard copies of any participant information sheets, consent forms, and debriefing forms used during the project.

Observation for future applications from Reviewers: "It is usual to allow participants to read the information sheet before giving them a chance to ask questions – in the application this seems to be in the wrong sequence."

Yours sincerely

A handwritten signature in blue ink, appearing to read 'John Downes', with a stylized flourish at the end.

John Downes  
**Chair, Ethics Committee**



## Appendix V: Recruitment Advertisement Poster



### Graduate Mental Health and Unemployment Study

Researchers at the University of Liverpool are currently looking for volunteers to take part in a research study investigating the experiences of unemployment and mental health in university graduates.

- Are you between 21 and 29 years old?
- Have you graduated from a UK university within the last 5 years?
- Have you been out of work since graduation and/or for at least 5 months and no longer than 3 years?
- Have you been diagnosed with common mental health issues, (i.e., depression and/or anxiety) by a GP/Psychiatrist?

If you meet these criteria above and would like to be interviewed about your own experiences of being out of work and your mental health, then we would be delighted to hear from you. Our contact details are below:-

**Mr. Christopher Cockshott (Principal Researcher)**

**Tel:** 0151 795 5324 **Email:** [Christopher.Cockshott@liverpool.ac.uk](mailto:Christopher.Cockshott@liverpool.ac.uk)

**Address for Correspondence:** Mr. Christopher Cockshott, Health Services Research, Institute of Psychology, Health and Society, Waterhouse Building, Block B, 1<sup>st</sup> Floor, University of Liverpool, 1-5 Brownlow Street, Liverpool, L69 3GL.

## THANK YOU!

Abstract Human Head: Permission has been granted to copy, distribute and/or modify this image under the terms of the GNU Free Documentation Licence.

## Appendix VI: Participant Information Sheet



**Principal Researcher:** Mr. Christopher Cockshott

**Supervisors:** Professor Mark Gabbay and Dr. Paula Byrne

Dear Sir/Madam,

We would like to offer you the opportunity to take part in a research study that is investigating the experiences of recent university graduates with common mental health issues (e.g., depression and/or anxiety), who are currently not in any form of work/employment. We are approaching you because you have expressed an interest in this research, and have declared that you meet its inclusion criteria for taking part (i.e., that you are between 21 and 29 years of age; have graduated from a UK university within the last five years; been out of work since graduation and/or for at least five months and no longer than three years; and have been diagnosed with common mental health issues by a GP/Psychiatrist).

Before you decide if you would like to participate, it is important for you to understand why this research is being carried out and what taking part will involve. Please read the following information below carefully; if you do not understand anything, or would like more information, then please feel free to ask. You are very welcome to discuss this research project with any relatives, friends or health professionals before deciding if you would like to take part. We would like to stress that you do not have to participate in this study and you should agree to take part only if you want to.

### **Information about the Research Study**

This research study has been given ethical approval by the University of Liverpool and its purpose is to develop our understanding of the experience of unemployed university graduates with common mental health issues, such as depression and/or anxiety. We are interested in learning about your experience of being unemployed with mental health issues, including its impact on your well-being, how you see yourself and your attitude towards work/employment.

The gains in knowledge and understanding that stem from your experience may

directly benefit the opportunities for care and employment for graduates like yourself. For example, it is hoped that this research will lead to concrete recommendations that will help (1) design better interventions and programmes to help unemployed graduates with mental health issues find lasting employment, and (2) to identify where any additional health/employment service support would be most effectively deployed for these graduates.

### **What will taking part involve?**

If you wish to take part you will be given an interview, in which you will be required to talk openly about your experience of being unemployed with mental health issues. This will require you to discuss how this experience affects your life, how you think or feel about yourself and your feelings towards work/employment and a career. The interview will be conducted by myself and will be expected to last approximately one hour. You will need to read and sign the Informed Consent Form, which will be given to you by myself immediately before the interview takes place. All interviews will be audio-recorded and I may also make some notes about the topics or issues that arise in order to facilitate the interview process.

### **Do I Need to Prepare for the Interview?**

There is no preparation required, although it would be helpful if you spend some time beforehand reflecting on your own experience of being unemployed with mental health issues. For example, you might like to think about how you arrived at this point in your life, what the most significant or prominent features of your experience are and how these compare with other periods in your life.

It is intended that the interview will be conducted in a relaxed and informal manner. Although I have a list of questions, there is no pre-set agenda. I will be interested in you and what you feel to be the most significant and important aspects of your experience. You may find that I have very little to say and you will be encouraged to take the lead by raising topics and issues that you feel are important to you. When answering questions, there are no right or wrong answers; you may take your time when thinking and talking, and you may give as much or as little detail as you wish. Some of the questions that I ask may seem self-evident, but that is because I am interested in understanding your sense-making of your experience.

In the interview, you will be asked questions requiring you to divulge personal and sensitive information about your own mental health issues, and you may find this to be difficult or uncomfortable. However, you are under no obligation to answer any of the interview questions and you may ask for the audio-recorder to be switched off, or to terminate the interview, at any time of your choosing. If you are affected by any of the issues raised in the interview, then we advise that you seek advice and support from your GP or other health professional.

## **Your Rights as a Research Participant**

You can be assured that anything you say in the interview, and any data or personal details collected, will be strictly treated as confidential. The results of this study will be published and you may request a copy of these if you wish. However, your responses will be anonymised and so where you are quoted verbatim in the results, you will not be identifiable in any way. The audio-recording of the interview and its transcript will only be accessed by my supervisors and myself. Your information/data is being used for the purposes of this study only and will be stored securely at the University. It will be maintained after the completion of the study for the required length of time, in accordance with University regulations, after which, it will be deleted or physically destroyed.

Your participation in this study is entirely voluntary and you are free to withdraw, without giving any explanation, prior to the point at which your interview data has begun to be analysed. You may request that your personal information and data be returned to you or deleted/destroyed, and it will not be used for the purposes of this study. However, you should be aware that once the results have been published and are in the public domain, it will not be possible to remove your data.

## **Further Questions and University Contact Information**

If at any time you have any questions, or if there is a problem, please feel free to let us know. You can contact myself or a member of the research team (see details below) and we will try to help. If you are still unsatisfied, or have a complaint that you feel you cannot come to us with, then you should contact the Research Governance Officer on 0151 794 8290 ([ethics@liv.ac.uk](mailto:ethics@liv.ac.uk)), providing details of the name of the study and the researchers involved, along with your complaint.

Yours Faithfully,

Christopher Cockshott (Principal Researcher)

### **Address for Correspondence:**

Mr. Christopher Cockshott, Health Services Research, Institute of Psychology,  
Health and Society, Waterhouse Building, Block B, 1<sup>st</sup> Floor, University of Liverpool,  
1-5 Brownlow Street, Liverpool, L69 3GL

### **Contact Details:**

<b>Researcher</b>	<b>Telephone No.</b>	<b>Email</b>
Christopher Cockshott	0151 795 5324	<a href="mailto:Christopher.Cockshott@liverpool.ac.uk">Christopher.Cockshott@liverpool.ac.uk</a>
Mark Gabbay	0151 794 5610	<a href="mailto:M.B.Gabbay@liverpool.ac.uk">M.B.Gabbay@liverpool.ac.uk</a>
Paula Byrne	0151 795 5308	<a href="mailto:Paula.Byrne@liverpool.ac.uk">Paula.Byrne@liverpool.ac.uk</a>

## Appendix VII: Informed Consent Form



1. I confirm that I have read and have understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my rights being affected.	
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.	
4. I agree to the audio-recording of the interview and to its use for the purposes of this study.	
5. I agree to take part in the above study.	

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**The contact details of the Principal Researcher are:**

**Mr. Christopher Cockshott**

Health Services Research, Institute of Psychology, Health and Society, Waterhouse Building, Block B, 1<sup>st</sup> Floor, University of Liverpool, 1-5 Brownlow Street, Liverpool, L69 3GL

**Tel:** 0151 795 5324 **Email:** [Christopher.Cockshott@liverpool.ac.uk](mailto:Christopher.Cockshott@liverpool.ac.uk)

## Appendix VIII: Participant Details Sheet



Name:

Age:

Sex:

Ethnicity:

Graduation year:

Subject / Course:

Career / Work history since graduation (voluntary, temporary, part-time jobs):

Length of unemployment:

Unemployment / incapacity benefits (Incapacity or Job Seekers' Allowance):

Work Programme / Back-to work scheme:

Desire to work / job search or not:

Onset of mental health issues:

Reason / circumstances of onset:

Professional diagnosis:

Other mental or physical conditions:

Medical / psychological treatment:

## Appendix IX: Topic Guide

- 1.) To what extent has life after university been what you expected it to be?  
*Possible Prompts: how is it similar/different?*
  - 2.) Can you tell me about a typical day in your life at the present time?  
*Possible Prompts: can you tell me about your routine? How might one day differ from the next?*
  - 3.) How would you describe yourself as a person?  
**\*Possible Prompts: how would you sum yourself up?**
  - 4.) What does the term 'mental illness' mean to you?  
**\*Possible Prompts: how would you define it?**
  - 5.) Can you tell me how your mental health issues began?  
*Possible Prompts: what do you think brought them about?*
  - 6.) How have your mental health issues affected your life?  
*Possible Prompts: ability to function? Impact on relationships and interests?*
  - 7.) How have your mental health issues changed the way you think or feel about yourself?  
*Possible Prompts: how do you see yourself now when compared with before your mental health issues started?*
  - 8.) How have your mental health issues affected your ability to gain and maintain employment?
  - 9.) Tell me about your experience of being unemployed in the context of your mental health issues?  
**\*Possible Prompts: how have your mental health issues affected your experience of being unemployed?**
  - 10.) How has unemployment changed the way you think or feel about yourself?  
*Possible Prompts: how do you see yourself now when compared with before you became unemployed?*
  - 11.) How has unemployment affected your mental health?
  - 12.) What are your feelings towards work and your career?  
*Possible Prompts: how important is it to you?*
  - 13.) What are your plans for the future?  
*Possible Prompts: personal goals, career-related activities?*
- \* Emboldened text indicates the addition of prompts to the Topic Guide after the pilot study.**

## **Appendix X: Standardised Debriefing Statement**

That concludes today's interview. Thank you very much for your time and effort, your participation is very much appreciated. Your responses today will be of much use and help us to develop our understanding of the experience of unemployed university graduates with mental health issues. If you have been affected by any of the issues raised in the interview, then we advise that you seek advice and support from your GP or other health professional.

As a reminder, anything that you have said today will be strictly treated as confidential. Your personal details and other data that you have given will be anonymised, and although you may be quoted verbatim in the results, you will not be identifiable in any way. Your participation in this study is entirely voluntary and you are free to withdraw, without giving any explanation, prior to the point at which your interview data has begun to be analysed. You may request that your personal information and data be returned to you or deleted/destroyed, and it will not be used for the purposes of this study. However, you should be aware that once the results have been published and are in the public domain, it will not be possible to remove your data.

If you do have any further questions about the interview or about the research in general, then please do not hesitate to ask; our details are on the Participant Information Sheet. Thank you.



## Appendix XI: Higher Order Themes for the Group

### Master Themes and their Constituent Sub-Themes

<b>FALL FROM GRACE</b>
<b>Loss of Expectation and Disorientation</b> <b>Waste, Failure and Blame</b> <b>Stigma and Shame</b>
<b>VULNERABILITY</b>
<b>Paralysis and Withdrawal</b> <b>Entrapment</b>
<b>ANGST</b>
<b>Hope and Despair</b> <b>Regression and Dependency</b>

### Participants' Themes Clustered into Master Themes and their Constituent Sub-Themes

<b>KATE</b>	
<b>Super-ordinate and Sub-ordinate Themes</b>	<b>Master Themes and their Constituent Sub-Themes</b>
NEBULOUS SENSE OF SELF-IDENTITY	
Authenticity of self	Stigma and Shame
Rational and irrational selves	Stigma and Shame
Embodied aspects to mental health issues and self-identity	Stigma and Shame
Understanding of 'mental illness' and her self-identity	Stigma and Shame

WEAKENED SENSE OF SELF-WORTH	
Distorting effects of depression on self-worth	Waste, Failure and Blame
Social referents informing sense of self-worth	Waste, Failure and Blame
Reconciling unemployment and employment with sense of self-worth	Waste, Failure and Blame
ENTRAPMENT AND STAGNATION	
Daily 'routine' of doing little	Paralysis and Withdrawal
Cyclical interplay between mental health issue(s) and unemployment	Entrapment
Lack of progression in life	Regression and Dependency
LOWERED EXPECTATIONS AND AMBITIONS	
Unmet expectations	Loss of Expectation and Disorientation
Reappraisal of job/career	Hope and Despair
Reappraisal of lifestyle	Hope and Despair
STABILITY AND MATERIAL SECURITY	
Financial concerns	Entrapment
A 'base' and a place to be	Regression and Dependency
A permanent 'base' and being settled	Regression and Dependency

LAURA		JESSICA	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes	Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
VOLATILITY OF MENTAL HEALTH ISSUES		IMPACT ON SENSE OF SELF	
Low energy / motivation	Paralysis and Withdrawal	Unhappy with herself	Paralysis and Withdrawal
Struggle with everyday tasks	Paralysis and Withdrawal	Comparison of herself with others	Regression and Dependency / Loss of Expectation and Disorientation
Precarious nature of her mental health	Entrapment	Public / private selves	Stigma and Shame
Unpredictability of her mental health	Paralysis and Withdrawal	Self-conscious of her weight / appearance	Stigma and Shame

IMPACT ON HER OUTLOOK		CONCERN WITH WHAT OTHERS THINK OF HER	
Ambivalence towards future	Hope and Despair	Public perception of her	Stigma and Shame
Questioning of life and career	Regression and Dependency	Invisibility of her mental health issues from others	Stigma and Shame
Questioning her responsibility for her circumstances	Waste, Failure and Blame	Dilemma of revealing / hiding her mental health issues	Stigma and Shame
SOCIAL PRESSURES		IMPACT ON LIFE AND CAREER	
Social pressure to be normal	Stigma and Shame	Unable to focus on more than one major life task at once	Paralysis and Withdrawal
Stigma	Stigma and Shame	Struggles with the responsibility of her decisions	Paralysis and Withdrawal
Feeling under suspicion	Stigma and Shame	Outlook	Hope and Despair
IMPACT ON SELF		ABILITY TO COPE	
Reconciling mental health issues with her identity	Stigma and Shame	Impact of unemployment on her mental health	Entrapment
Ambivalent feelings towards herself	Loss of Expectation and Disorientation	Impact of job application rejections on her mental health	Entrapment
Public and private selves	Stigma and Shame		
Conflict between her rational self and the irrationality of her mental health issues	Stigma and Shame		
Low self-worth	Waste, Failure and Blame		

ALISON		SOPHIE	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes	Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
FEELING VULNERABLE		IMPACT ON SOCIAL RELATIONS	
Easily exhausted	Paralysis and Withdrawal	Difficulty dealing with others	Paralysis and Withdrawal

Unpredictability of mental health	Paralysis and Withdrawal	Social pressure to be someone she isn't	Stigma and Shame
Planning her actions / tasks	Paralysis and Withdrawal	Hiding her mental health issues from employers	Stigma and Shame
Uncertainty of her material circumstances	Entrapment		
Feeling entrapped	Entrapment		
QUESTIONING HER LIFE		FEELINGS OF VULNERABILITY	
Impact on her outlook	Hope and Despair	Self-imposed pressures on her mental health	Paralysis and Withdrawal
Planning her future	Hope and Despair	Vigilance against a deterioration in her mental health	Entrapment
Feeling of stagnation	Regression and Dependency	External pressures on her mental health	Paralysis and Withdrawal
Feeling of missing out	Regression and Dependency	Volatility of mental health issues	Paralysis and Withdrawal
		Low Energy	Paralysis and Withdrawal
QUESTIONING HER SENSE OF SELF		QUESTIONING HER LIFE	
Responsibility for her circumstances	Waste, Failure and Blame	Impact on her outlook	Loss of Expectation and Disorientation
Low confidence and self-esteem	Stigma and Shame	Planning her future	Hope and Despair
Impact on how she sees herself	Loss of Expectation and Disorientation	Feeling she is missing out	Regression and Dependency
Comparing herself with others	Regression and Dependency		
IMPACT ON SOCIAL PERCEPTIONS		QUESTIONING HER SENSE OF SELF	
Feeling stigmatised	Stigma and Shame	Impact on her self-identity	Stigma and Shame
Feeling socially isolated	Paralysis and Withdrawal	Low self-worth	Waste, Failure and Blame
		Making sense of her mental health issues	Paralysis and Withdrawal

ELIZABETH	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
IMPACT ON ABILITY TO COPE	
Difficulty thinking clearly	Paralysis and Withdrawal

Lack of motivation	Paralysis and Withdrawal
Momentum/stagnation	Paralysis and Withdrawal
Impact of unemployment on mental health	Entrapment
Need to plan/be in control	Paralysis and Withdrawal
EXISTENTIAL CONCERNS	
Responsibility for circumstances	Waste, Failure and Blame
Impact on outlook and uncertainty of future/career	Hope and Despair
Feeling entrapped	Entrapment
Fear of losing mental health	Entrapment
Feeling of missing out	Regression and Dependency
IMPACT ON SOCIAL RELATIONS	
Hiding her mental health issues from others	Stigma and Shame
Impact on securing employment	Hope and Despair
Social isolation	Paralysis and Withdrawal
IMPACT ON SENSE OF SELF	
Low self-worth	Waste, Failure and Blame
Self-identity as a graduate	Loss of Expectation and Disorientation
Impact of unemployment on her identity	Loss of Expectation and Disorientation
Comparison with peers	Regression and Dependency

LOUISE		REBECCA	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes	Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
REEVALUATION OF LIFE AND CAREER		IMPACT ON HER IDENTITY	
Re-prioritization of life and career values	Hope and Despair	Questioning her identity	Loss of Expectation and Disorientation
Feeling her life has stagnated	Regression and Dependency	Desire to be herself	Stigma and Shame
Feeling entrapped	Entrapment	Questioning the purpose and meaning of work (Balancing economic reality with her own career-related aspirations as a graduate)	Hope and Despair
Unrealistic expectations	Loss of Expectation and Disorientation		

<p>REEVALUATION OF SELF</p> <p>Impact on her identity</p> <p>Ambivalent feelings towards self and her future</p> <p>Uncertainty of recovery and feeling vulnerable to relapse</p> <p>Questioning her responsibility for circumstances</p>	<p>Loss of Expectation and Disorientation</p> <p>Hope and Despair</p> <p>Entrapment</p> <p>Waste, Failure and Blame</p>	<p>CONCERN WITH HOW OTHERS SEE HER</p> <p>Hiding her mental health issues from others</p> <p>Feeling a burden on others</p> <p>Social pressure to work</p>	<p>Stigma and Shame</p> <p>Regression and Dependency</p> <p>Stigma and Shame</p>
<p>CONCERN WITH HOW OTHERS SEE HER</p> <p>Scepticism / ignorance of unemployment / mental health issues</p> <p>Stigma of unemployment / mental health issues</p> <p>Hiding her mental health issues from others</p> <p>Feeling a burden on others</p>	<p>Stigma and Shame</p> <p>Stigma and Shame</p> <p>Stigma and Shame</p> <p>Regression and Dependency</p>	<p>QUESTIONING HERSELF AND HER CIRCUMSTANCES</p> <p>Responsibility for her circumstances</p> <p>Questioning going to university</p> <p>Comparison with others</p> <p>Questioning her future</p>	<p>Waste, Failure and Blame</p> <p>Waste, Failure and Blame</p> <p>Regression and Dependency</p> <p>Hope and Despair</p>
<p>IMPACT ON ABILITY TO COPE</p> <p>Struggle with everyday tasks</p> <p>Social Withdrawal</p> <p>Loss of self-confidence</p>	<p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p>	<p>IMPACT ON SELF</p> <p>Low self-confidence</p> <p>Lowered motivation / dispirited</p> <p>Socially withdrawn</p> <p>Low self-worth / self-doubt</p> <p>Entrapped by her mental health issues / unemployment</p>	<p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p> <p>Paralysis and Withdrawal</p> <p>Entrapment</p>

MARK		FABIO	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes	Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
<p>IMPACT ON LIFE AND CAREER</p> <p>Impact on outlook /</p>	<p>Loss of Expectation and</p>	<p>IMPACT ON LIFE AND CAREER</p> <p>Impact on outlook,</p>	<p>Loss of Expectation and</p>

expectations	Disorientation	expectations, attitudes	Disorientation
Existential fears and concerns	Hope and Despair	Cyclical nature of unemployment / mental health issues	Entrapment
Questioning / planning his future	Hope and Despair	Feeling of stagnation	Regression and Dependency
		Questioning / planning his future	Hope and Despair
IMPACT ON SELF		IMPACT ON ABILITY TO COPE	
Questioning of Self and Circumstances	Hope and Despair	Impact on mood and performance	Paralysis and Withdrawal
Responsibility for his circumstances	Waste, Failure and Blame	Lack of control	Paralysis and Withdrawal
Low self-confidence and self-belief	Hope and Despair		
IMPACT ON ABILITY TO COPE		IMPACT ON SELF	
Difficulty doing anything and maintaining a routine	Paralysis and Withdrawal	Impact on self-worth and confidence	Waste, Failure and Blame
Cyclical nature of unemployment / mental health issues – enthusiasm / dejection	Entrapment	Understanding of mental health issues and responsibility for his circumstances	Waste, Failure and Blame
Day-to-day level of thinking and difficulty planning ahead	Paralysis and Withdrawal	Understanding of self	Waste, Failure and Blame
Insight into Mental Health Issues	Paralysis and Withdrawal	Questioning of self and circumstances	Hope and Despair
IMPACT ON SOCIAL RELATIONS		IMPACT ON SOCIAL RELATIONS	
Concern for others	Stigma and Shame	Social difficulties and self-absorbed	Paralysis and Withdrawal
Comparing himself with his peers	Regression and Dependency	Stigma of mental health issues	Stigma and Shame

PAUL		PAULA	
Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes	Super-ordinate and Sub-ordinate Themes	Master Themes and their Constituent Sub-Themes
IMPACT ON SELF		IMPACT ON LIFE AND CAREER	
Impact on expectations and outlook	Loss of Expectation and Disorientation	Feeling of missing out and being left behind	Regression and Dependency

<p>Cyclical nature of unemployment and mental health issues</p> <p>Impact on self-worth, self-esteem and confidence</p> <p>Understanding of self</p> <p>Impact on mood and performance</p>	<p>Entrapment</p> <p>Waste, Failure and Blame</p> <p>Regression and Dependency</p> <p>Paralysis and Withdrawal</p>	<p>Interrelated nature of unemployment and mental health issues</p> <p>Planning her future</p> <p>Impact on expectations and outlook</p> <p>Questioning her responsibility for her situation</p>	<p>Entrapment</p> <p>Hope and Despair</p> <p>Loss of Expectation and Disorientation</p> <p>Waste, Failure and Blame</p>
<p>IMPACT ON LIFE AND CAREER</p> <p>Questioning value of degree</p> <p>Questioning of self and circumstances</p> <p>Questioning his responsibility for his circumstances</p> <p>Feeling of stagnation and missing out</p> <p>Vulnerability of mental health issues</p>	<p>Waste, Failure and Blame</p> <p>Hope and Despair</p> <p>Waste, Failure and Blame</p> <p>Regression and Dependency</p> <p>Paralysis and Withdrawal</p>	<p>IMPACT ON SELF</p> <p>Impact on sense of self</p> <p>Impact on self-worth and confidence</p> <p>Questioning of self and circumstances</p> <p>Negative feelings/thoughts towards herself and circumstances</p> <p>Insight into mental health issues</p>	<p>Waste, Failure and Blame</p> <p>Paralysis and Withdrawal</p> <p>Hope and Despair</p> <p>Hope and Despair</p> <p>Paralysis and Withdrawal</p>
<p>SOCIAL IMPACT</p> <p>Concern with others opinions of himself</p> <p>Hiding mental health issues from others</p> <p>Social difficulties and self-absorbed</p>	<p>Stigma and Shame</p> <p>Stigma and Shame</p> <p>Paralysis and Withdrawal</p>	<p>SOCIAL IMPACT ON SELF</p> <p>Impact on social relations</p> <p>Concern about others opinions of her</p> <p>Hiding her issues from her friends</p> <p>Stigma/ignorance</p>	<p>Paralysis and Withdrawal</p> <p>Stigma and Shame</p> <p>Stigma and Shame</p> <p>Stigma and Shame</p>